

S T A T E
OF THE
L I N C O L N
L U N A T I C A S Y L U M.

(Instituted November 4, 1819.)

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LINCOLN:

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1841.

LINCOLN
LUNATIC ASYLUM.

SEVENTEENTH REPORT.

THE Question of Non-restraint in the treatment of the Insane has become so prominent, that it may well form the leading feature in the present Report. Very fortunately for this deeply interesting question, the matter has been discussed in this Institution with a degree of earnestness, which has brought many new facts and principles to light. Some of these appear on the face of the Resolutions of a General Quarterly Board held in July, 1840, and some others are expressed in Memoranda entered on the Books of the House, by the late House-Surgeon, Mr. R. G. Hill. The Annual Reports show the progress of the system in this House.*

* During the four last years, the total time occupied under Instrumental Restraint, has amounted only to eighteen hours and three-quarters.

LINCOLN LUNATIC ASYLUM.

At a General Quarterly Board of Governors holden here this day, July 8th, 1840,—

RESOLVED UNANIMOUSLY, on the motion of Sir Edward Ffrench Bromhead, Bart., V.P., seconded by the Rev. W. M. Pierce,

THAT the thanks of this General Board are due to Mr. Hill, for his clear, convincing, and most satisfactory statement, and that the same and the Appendix be entered on the Minutes of the Board, to accompany the evidence produced against the character of this Establishment.

That this General Board is highly sensible of the incessant and benevolent labours of the Weekly Boards for many years, to improve the condition of the House and the comfort of the Patients, and to protect the Patients from the Strait-waistcoat, Chains, Handcuffs, Muffs, Leglocks, and all other abuses of power, violence, oppression, and cruelty whatsoever.

That the Weekly Board has shown the most patient and tolerant attention to every charge that could be made against the House, even from quarters open to the strongest suspicion; and that this Board is sensible that such perfect freedom of enquiry, the freest admission of the Public Eye, the Sash-doors, the employment of a Head Nurse and Head Attendant, the periodic examination of the Patients' persons, the instant discharge of persons abusing their power, and also the utter discontinuance of Restraints and the outrages and bad feeling necessarily arising from their use, are the true sources of protection to the Patients.

That the Weekly Boards be instructed to keep a jealous eye upon the treatment of weak, imbecile, dirty, and harmless Patients, it appearing to this Board that such inoffensive patients, through their revolting and provoking habits, are with the rarest exceptions the only class of Patients, who have constantly drawn the contempt and attracted any ill usage from attendants.

That the Attendants and Nurses of the House, since the Abolition of Restraint, appear to have conducted themselves towards the patients with great forbearance and humanity, with the exception of some individuals, who have not left the house in credit, and who were not informed against by the well disposed Attendants, through a false principle of honour, a Head Attendant and a Head Nurse not then having been appointed;* and that kind usage seems to have been otherwise the general system of the house, with the exception of an occasional and rare act of irritation, provoked by the conduct of some harmless patient.

(* Extract from the *Governor's Memorandum Book, April 8, 1840.*)

"Late occurrences have shown, that there is something extremely wrong in the Female department of the House, both as relates to the Nurses and the Household. I think that the whole may be traced to a defect in the constitution of this department, and that the alteration suggested below, aided by conciliation of demeanour, will restore the harmony of the Female department, and repair its present disorganized state.

"One of the greatest principles of Improvement hitherto introduced into the Asylum has been 'the total separation of the personal care of the Patients from all other duties whatsoever.' This principle has not been carried out in the case of the Matron, who is engaged in two inconsistent duties:—the Matron is *Housekeeper*, and as such is Mistress of the House, as the House-Surgeon is Master,—she superintends the receipt, issue, cooking, and distribution of Provisions—she superintends the Linen, the Laundry, and the Drying—she looks after the Cleanliness of the Establishment—all points of vital interest to the House, requiring quickness, economy, trustworthiness, management and great good sense, and in this capacity her duties extend, without any difference, to the Male and Female sides of the House.

"The Matron has acted also as *Head Nurse*, and in this capacity she is in a very subordinate situation, being under the direct control and direction of the House-Surgeon—looking after the employment of the Female Patients—not being confined to any particular ward, but keeping an eye on all (as a foreman does among workmen), and reporting to the House-Surgeon for instructions.

"When the duties of the *Head Nurse* are thus thrown on a lady in the station of *Housekeeper* of such a large Establishment, it is almost impossible to bring the mind to feel, that she is Mistress in one capacity, and a mere Upper Servant in the other, and the idea of acting as Female House-Surgeon must be constantly present to the mind. Her very important avocations of Housekeeper must also distract the attention, and prevent an exclusive care of the duties of a Head Nurse—by which the Nurses are unsettled, left to themselves, or irregularly looked after. I may add that the language and actions of Insane Females are not always suitable for the hourly contemplation of a modest female in the station of life, to which the Housekeeper of this Establishment must belong; and that

That the best thanks of this Board are due to Mr. Smith for the able manner in which he has conducted the house without Restraints, under the trying circumstances of inadequate and inefficient attendants.

That no Nurse or Attendant be henceforth engaged in this House, except such as shall be of sufficient stature* and strength, and that this more especially applies to the North Galleries.

That the Physicians, in their respective months, be requested, once or oftener, to ask each Patient individually, whether there is any complaint, if they shall deem the patient competent to reply, and not liable thereon to be irritated, or acquire a bad feeling towards the attendants.

Ordered, That the Chairman of the first Weekly Board, after the discharge of any patient, do address a letter to the friends of the Patient, requesting as a favour the communication of any complaint against the house, in regard to the treatment of such patient, or in regard to the property, accounts, or any other matters whatsoever, and requesting a statement of their satisfaction if satisfied; and that this

the conjoined duties must be extremely harrassing, and must lead to a constant desire to enlarge the Establishment of Household Servants. I would therefore propose, that a Head Nurse be appointed, with wages not exceeding in any case the wages of the other nurses by the sum of eight pounds.

(Signed) E. FF. BROMHEAD."

(Extract from the Governors' Memorandum Book, May 25th, 1840.)

"On the day after the last General Board, I mentioned to the late House-Surgeon, the propriety of establishing a Head Attendant, and I found that the same idea had occurred to himself. If any attendant now misconducts himself, during the absence of the House-Surgeon, the others think it wrong to inform against him, from a false notion generally current. On the contrary it would be the *business* of the Head Attendant to inform, and he would be *responsible* for so doing. The immediate Superintendents of any Class, should be of the same Class. On this principle Serjeants and Corporals are taken from the Ranks; and from this principle, white non-commissioned Officers are not found to answer in the West India Colored Troops.—The Head Attendant and Head Nurse should be appointed on the recommendation of the House-Surgeon.

(Signed) E. FF. BROMHEAD."

(Board Order, October 26, 1840.)*

"That the future advertisements for Nurses and Attendants, do require good tempered sober able bodied persons, Females not under five feet five inches, Males not under five feet nine inches."

order is not intended to supersede enquiries from the patient in person, where the Board shall in any case think that the same may not have an injurious or exciting effect upon the patient, or be likely to create a bad feeling between the Patients and the Attendants, and this more especially where there seems to be any liability to relapse.

Resolved, That the searching, severe, and hostile enquiry made into the conduct of this House, has fully and clearly satisfied this Board, that the Non-restraint system is founded on the soundest principles, and eminently conducive, by the feeling which it creates, to produce a mild demeanour towards the patients, and to place a Lunatic Asylum in its spirit, tone, and general economy, on the footing of an Hospital.

That this Board has now for many years, estimated the ability and zeal of the successive House-Surgeons, by the disposition they may have shown to avoid the mischievous system of Restraint, and that this Board is now fully confirmed in this feeling.

EXTRACTS FROM THE MEMORANDA REFERRED TO.

*** "The holding of the Patient for a few minutes is a mode, by which two Attendants are usually enabled to compose violence in a few minutes, and a process quite similar to what occurs in every day life, when a passionate individual is held back by his friends for committing some violence under sudden impulse; an interference which is never afterwards resented, but always approved of, and quite different, in the mind of the Patient, from the deadly insult of the chain and felon's handcuff, never forgotten while the Patient lives, and often working in his ulcerated mind to keep him lunatic or produce relapse. The holding the Patient's hands will cease the moment that the Patient is composed, and this the Attendant will do for his own sake. The ruffianly and exciting struggle to put on the handcuffs, will usually continue much longer than the few minutes in which the Patient would have been held; and, when once on, they are allowed there to continue long after the necessity has ceased; while the Patient, and the other Patients looking on, may be thus exposed to agitation every morning when the Patient rises, and every evening when he is undressed for bed."***

"In fact also the muscular power of an Attendant, if he were required tightly to grasp a Patient (as represented) could not by any possibility be sustained. So unwilling are attendants to incur unnecessary trouble that it was found, that making it obligatory for one of the attendants to sit up at night with any patient wearing a strait-waistcoat, (an order made in consequence of a patient having been so strangled), had the immediate practical effect of proving the strait-waistcoat to be wholly unnecessary, as its use disappeared without any further order of the Board at that time."***

"It is quite obvious that when powerful Patients of strong passions are not tied up, the Attendants will be incomparably more likely to treat them with respect and forbearance, and to avoid irritating them;—and the records of this very house shew, that the proved cases of abuse have, with the most rare exceptions, been against harmless* Patients, whom the attendants despise, and who irritate those about them by persevering, as such Patients do, in some annoying, irritating, dirty, or troublesome habit."***

"There are cases in which Patients have a perfect horror of being kept in a horizontal posture by force, and I have strong doubts whether it ought to be enforced, especially as I have found Patients sooner or later, according to their respective circumstances, lie down for the purpose of rest of their own accord, and that their repose is then more natural and more beneficial. I conceive that it may be an indication of nature and a relief, that disposes maniacal Patients to an upright position; and that this disposition, if not improperly interfered with, is most likely to terminate in wholesome rest. A distinguished writer mentions the barbarity of forcing Patients to lie down in a bed, which their delusion has filled with snakes and scorpions; and I will broadly state, that every unnecessary outrage to a patient's feelings by the infliction of a felon's handcuffs, or *compulsion to fixed postures* against which he struggles, grossly violate

(* Extract from *House-Surgeon's Journal*, July 1, 1839.)

"It is an extraordinary and curious fact, that the whole of the Attendants who have been discharged within my own knowledge for violence towards the Patients, have so misconducted themselves towards insensible and inoffensive Patients, and not towards those of a violent character."

the indications of cure, and may produce an irretrievable mischief. I doubt whether it is not an indication of cure in lunacy, to avoid everything which may violently accelerate the circulation, even fermented drink and violent exercise.”***

“ It must require some dignity of mind and superior moral feeling, in an uneducated person, to enter into the idea that moral control should, with some little addition of trouble to themselves, supersede the ready, handy, and direct recourse to brute force and mechanical power, which they had previously used.”***

“ Allusion is made to a case in which the House-Porter was called in, and a Patient most brutally used in order to put on the instruments; and I will venture to say that this single scene exhibits more violence, outrage, and excitement, than the whole of the interference for keeping Patients quiet during the course of the three last years. The following is the account of the House-Surgeon, my predecessor in office, and I have subjoined to it a case of my own, when the efficient Nurses having left the house, I was left without an alternative.”***

(Extract from the Journal of Mr. Hadwen, House-Surgeon.)

“ 1834, May 18.—W. C. was seized about two o’clock with a most furious paroxysm, in which he exercised extraordinary violence in attempting to injure the Keepers, and prevent them securing him, for which the whole of them, as well as the House-Porter, were necessary: he was quiet and tractable by bed time.”

“ May 20.—W. C. is tractable, complains of being sore, as well he may: his face also is a little bruised, unavoidably produced in the attempt to secure him.”

(Extract from my own Journal, R. G. Hill, House-Surgeon.)

“ 1840, April 9.—Nurse Corston came to my room this morning at half-past nine o’clock, and told me that the Kitchen-girl was ill in bed, and that she could not remain in the Gallery if C. A. was allowed to get up, as in the event of an outbreak, the other Nurses would not dare to give assistance. I directed Corston to place C. A. under Restraint. On entering the Gallery about five minutes afterwards

I found this Patient in her bed room, quietly putting on her clothes, and she appeared orderly. The Nurses of the Front Gallery and the Charwoman, together with Nurses Corston and Page, were in and about the room, ready to use the Instruments of Restraint, as soon as the Patient had finished dressing herself. The Charwoman was called away. Everything being ready, the Patient was held by two Nurses. The Belt was then put on loosely. The moment I attempted to secure the wrists a struggle commenced, the wristlocks being seized by the Patient and locked at each attempt I made. The Nurses were roughly used, the Patient kicking them on their bodies, &c. She attempted to bite them, as well as to tear their clothes, and was with the greatest difficulty prevented doing so. She kicked me several times on the shins, which prevented me securing her hands so quickly as I otherwise would have done. At length she was thrown down and overpowered. One or two Nurses holding her by the feet, the others by the arms and body, the wrists were secured, and the Hobbles being applied, she was allowed to get up. She then made such a terrific noise as to alarm the other patients in the gallery, several of whom continued, for a length of time, to rave about ill usage, and to labour under considerable excitement. I had never before witnessed such a scene, and never should have done if assisted by adequate Nurses.* The Patient had a violent paroxysm of rage about twelve o'clock."

(* Extract from *House-Surgeon's Journal*, March 29, 1840.)

" For want of proper Attendants I have been obliged to sanction the Personal Restraint of a Female Patient, who had previously passed more than two years here, without any such application. The only Attendant, who from her height and power had influence over her, is unwell, and has this morning received, in a struggle single-handed with a Patient, a tread upon the foot, which temporarily disabled her; the smaller Attendants in the same gallery not daring to render assistance. This is the only instance of Restraint, which has occurred in the House for more than three successive years, and need not have happened now, if the Non-restraint system could have had fair play. It is to be hoped that a system which is now triumphantly progressing in other similar Institutions, will not be allowed to perish in its birth place, strangled by withdrawing the means which I have always declared to be indispensable for its maintenance. Patients, conscious of their Attendants' superiority, do not venture to attack them; and such Attendants, confident of the safe issue of any struggle in which they may be engaged, can venture to act wholly on the defensive, without giving way to passion and blows. Small Attendants, on the contrary, are despised by the Patients, who

" Restraint rapidly weakens and depresses the vital powers of its unhappy victim, who frequently sinks into that revolting condition, which almost invariably provokes a disposition towards ill usage, in ill disposed Attendants."***

" As for the matter of occasional bruises upon the Patients, such are found in all public collections of people, schools, barracks, &c., &c., and it would be extremely unjust that the lynx-eyed rigour, with which these matters have for some time been very properly sought out at Lincoln, though comparatively little thought of in other places, should be deemed a testimony against the humanity of the House, or evidence in favor of tying up the Patients. The bruises are usually accounted for in a satisfactory manner, seldom bearing, in any way, upon the question of Restraint, and offering anything like an excuse for the suffering undergone by a Patient fastened up by instruments. And it may be added that the imposition and use of instruments are in themselves, most fertile sources of bruises upon the Patients, and of ulcerated wrists. The very sight of many of the instruments, formerly deemed absolutely necessary in this Institution, and still used in many others, would horrify the governors and the public."***

" This case leads me to doubt the propriety of instruments being applied even in the conveyance* of a Patient to an Asylum. I cannot

insult, and deride, and strike them. Thus kept in a state of constant alarm and irritation, they are disposed, when attacked, to revenge and defend themselves with blows, until assistance can arrive, or otherwise to run away. The mischief committed under such circumstances, then becomes a plea for Restraint. The presence of tall Attendants has the same effect in preventing attempts at violence, that high walls have in preventing attempts at escape."

(*Board Minutes, April 15, 1839.*)

" Ordered, That the House-Surgeon do report in writing, any and what possible circumstances require that Instruments of Restraint should be retained on the premises.

" Ordered, That all Instruments whatsoever be placed under lock, of which the House-Surgeon alone shall keep the key."

(*House-Surgeon's Return, as entered on the Minutes, July 10, 1839.*)

" The Instruments of Restraint will be required under the following circumstances :—

conceive a case in which a Patient sitting between two suitable Attendants, each passing an arm round his waist, and holding a hand during such occasional fits of excitement as may require it, should not be removed to any distance. Indeed in all cases, both in public and private practice, the use or non-use of degrading instruments seems to be merely a question of expense, and the willingness to afford two Attendants instead of one. How degrading to humanity that this should be made a question at all."***

" Has it never occurred to the friends of Restraint, that every imposition of an instrument is, in itself, an attack and a battle; and do they know so little of the nature of lunacy as to be ignorant that Patients, who do not resent that retention and control which prevent their insane acts, do, on the other hand, most keenly resent everything like *aggressive* force. They resent and remember for years, and indeed exaggerate, what they consider the wanton outrage of an aggressive attack. Such they deem compulsion of every kind, and, considering the exalted notions and keen feeling of their own dignity among many lunatics, and more particularly the more excited part of them, we can conceive the rankling and corroding effect of what they consider (and indeed justly) the ruffian outrage of imposing the strait-waistcoat or the felon's handcuff."***

" They [the Governors] feel that there is this benefit in [public] Inspection, viz. that the Officers who accompany Visitants, are in the act of going round the House, of casting an eye upon everything and looking jealously upon every point, which might shame their practice. The Governors feel that this duty of the Officer cannot possibly be too often attended to, and that, if inspection by the Visitant can produce a single additional inspection by the Officer, it is doubly valuable. Let us not hear of Inspection interfering with other avocations, when it is obvious that no avocation can be paramount to this. In truth it is the trouble and the difficulty of keeping the whole Establishment at all

" When the Institution is left with an insufficient number of Attendants.

" When the Patients are crowded, and unable to take exercise without coming into collision.

" To bring back any inmate, who effects his Escape.

" They may also be required in a few Surgical cases, and to bring Patients from a distance to the Institution."

times in order for ‘review,’ that are the secret causes of the dislike entertained, and the pleas against inspection of the state of the Institution and the condition of the Patients.”***

“ The Instrumental Restraint which it is wished to re-introduce, is more liable to abuse, more dangerous and revolting in its nature, than that which is resorted to under the humane and enlightened practice of this House. Taking it for granted that there are occasions in which it is necessary to confine, for a few minutes, the limbs of a Patient, I assert that less risk of injury is incurred, less physical and moral pain is inflicted, in limiting motion by holding the hands for a few minutes, or in more durable cases by seclusion, than in subduing and controlling the whole frame by the personal exertions of a posse of attendants, struggling and fighting to impose the instrument against a desperate resistance, continued probably for twice the length of time that a quiet and placid manual detention would have lasted. The leather and the iron moreover, of which the Belt is composed, when once inflicted upon the Patient, have no human feeling, no kindly instinct, no wish to cease unnecessary trouble, nor to relax their deadly gripe when the cause has ceased; and when they have been imposed amid passions and animal instincts, called into action by a protracted contest with a frantic and provoking madman.”***

“ That a Patient becomes more speedily calm when under the grasp of an iron Handcuff, after a violent conflict to impose it, than he does when merely detained by the hand during a few minutes, is a piece of dogmatism hardly advanced and unsupported by fact, as it is abhorrent to common sense and the experience of practical men, who have witnessed the writhing and irritated pressure against the instrument, (which have been carried even to the extent of breaking the very bones of the wretch’s wrists, or swelling them until the base tyranny becomes impracticable), or under the drip of agonised sweat within the torturing Strait-waistcoat. In every contest one party must give way; the iron Handcuff cannot give way under the influence of pain, fear, or exhaustion, nor is it ever fatigued by an unnecessary exercise of its power.”***

“ Patients have been for months and years under instruments, and must, if they sleep at all, sleep under instruments; and so does the

wretched victim of the law before the day of his execution; an advantage which Manual Detention I candidly confess cannot claim, as Patients have never shown any disposition to sleep during the short intervals of a few minutes, for which I have thought its application needful. Except for mere exhaustion, is not the very presence of the felon's Handcuff and the presence of the ruffian who assaulted him in imposing it, an antidote to tranquillity, a bar to repose?"***

"I deny that mere detention applied with the most ordinary care, is painful or inhumane, and the application requires very little skill indeed. I have heard of Patients asking to be restrained. I have known them ask to be hanged, and to be drowned, and to leave the house. I was five years House-Surgeon at Lincoln, and during the whole of that time, even before my disuse of instruments, I do not recollect a single Patient calling for the manacles. Dr. Prichard of Northampton mentions his having received a Patient from another Asylum, chained in the most frightful manner: he removed the Instruments. The Patient a little time after came to beg that they should be re-imposed, as he was going to be furious. Dr. Prichard only smiled, told him to begin as soon as he liked, as they were not afraid of him, and in fact the Patient was afterwards manageable. He felt a certain spurious dignity in the indulgence of his violence, and in the terror which he fancied himself to have inspired, as he had hitherto been tied up in instruments of the most extraordinary structure; and as it was considered in his former abode, that no life within his reach was safe for an instant. Were any Patient to crave seclusion I would not object to his whim, provided he was not dangerous to himself; and here I will incidentally observe that the furious Patients are not the Class of Patients who meditate Suicide. The hour of darkness and the demoniacal violence of the paroxysms, are greatly enhanced by the pressure of the Patient against mere mechanical resistance, and by the frame of mind and tone which it induces."***

"Where the mind is not entirely obliterated, I ask any candid person whether a greater outrage is not committed upon the Patient's self-respect and his sense of delicacy, in subjecting him to the felon's Handcuff and the brute force required to impose it (it may be a stranger and an inferior) than in rendering him harmless by respectfully

interfering between him and his transitory passion, or the effects of feverish delirium, or to use another analogy, the effects of intoxication, and ceasing the interference as soon as such protection becomes unnecessary, instead of leaving him under the indelible insult of an unnecessary chain. Will not the recollection moreover of the outrage he has suffered, rankle in his heart, and render the perpetrator for ever an object of aversion and distrust.”***

“ Coercion or Restraint was, under the old system, and indeed now almost every where, under the discretion of the Attendants, with the mockery of an appeal, and forsooth a hope of assistance when the outrage was over : and, if the instruments are to be used at all, the suddenness of the occasion must excuse this discretion ; for, where the occasion is not an emergency, it will be difficult to affirm that they are necessary.”***

“ The operation of the Restraint system takes the constraint of the excited Patient from a human being, who will, for his own sake, cease to exert it at the earliest opportunity, or the Patient will be removed by his educated Superior to a place of Seclusion, and places it in the coarse and unrelenting grasp of the iron chain, which would not relax its hold till he died. The Attendant is indeed saved all trouble in managing, soothing, and calming the Patient : if an accident occurs in imposing the chain, the occasion justifies it—his place becomes a sinecure—he can lounge, play cards, and amuse himself, or, as a Superintendent who acted ten and a half years on the Restraint system, observes, he can ‘guttle and guzzle all day long, eat five meals a day, and get drunk,’ while the Patient is suffering, and there ends the matter.”***

“ The arguments used in favor of Instrumental Restraint, are equally cogent against the most valuable improvements in medicine, and would justify the continuation of those dreadful drastic and kill or cure medicines, which have been long exploded by enlightened and humane practitioners, and superseded by others more mild, more safe, more efficient, and more in harmony with the natural habit and physiology of man.”***

“ Restraint gives exaggerated notions and high wrought feelings to the Patient, whereas the ideas impressed should be those of quiet, orderly, domestic life.”

"The very act of Restraint is an admission of fear on the part of the Attendant, and gives the Patient an impression of the tremendous nature of his own power—a feeling which all Lunatics love to indulge—and further tempts him to use that power when he can, it being a universal principle of animal instinct, and one particularly observable in the Insane, to attack whatever shows fear or seems to give way.

"There seems to be a notion that, in dispensing with Instruments of Restraint, the Attendants are to be 'perpetually' holding* the Patients fast by the limbs, to prevent them from moving about. Such may be the case in a Private House, where proper accommodation can seldom exist, and where Instrumental Restraint may therefore become necessary: whereas, in an Asylum, the bodily power of the Attendant is employed solely to prevent direct mischief, the Patient being otherwise permitted to indulge his whims and dispose of his accumulated irritability. *There is this peculiar benefit in it, that the Attendant, for his own convenience, will cease from interference, the first moment that it can be dispensed with.*

"Irritation is perhaps frequently and perhaps generally the direct exciting cause of Lunacy, and any attempt at cure, which involves a system of Irritation, must exaggerate the complaint; and above all that bodily confinement which prevents the Patient from getting rid, by the free motion of the limbs, of his accumulated excitability, engendering a state of mind, morose, rancorous, ferocious, and deadly—as was too clearly proved by the frightful scenes of assassination and outrage, which habitually occurred at Bedlam and elsewhere, when Restraints of the most dreadful accumulation and power which human ingenuity could devise, were in constant and general use, morning, noon, and night—often for twenty years in succession, or for a whole life. Such cases are now extremely rare, and are always most frequent

(* *The following General Order was made June 15, 1840.*)

"That the Nurses and Attendants do report to the House-Surgeon whenever any Patient is held by the hand as much as ten minutes. That the House-Surgeon do enter in the Restraint Book each Manual detention, (though the same is not the Instrumental Restraint of the Rules) which he may direct to be further continued above the said ten minutes, in preference to seclusion."

From the date of the above order only *one* entry has been required.

where coercion is most general and severe. Even within the last two years, of two Patients left together, BOTH UNDER RESTRAINT, one was destroyed by the other at the York Asylum.

"It must be clear to any one that, if instances of the abuse of Patients not under Instrumental Restraint, are to be adopted as arguments in favor of such Restraint, Attendants desirous of the ease which the Restraint system procures for themselves, would have nothing to do but to abuse a Patient, and then declare that they had been compelled so to do from the want of his having been in a state of Restraint. Such is the inference to which the evidence of the discharged Attendants, lately examined before the Board, directly leads."***

"On succeeding to the office of House-Surgeon of this Institution, I found that the use of Instruments of Restraint had been dispensed with frequently for days together, sometimes much longer, as shown in my publication. I watched the Patients and the Attendants closely, and at last came to the conclusion that, if Instruments could be dispensed with for weeks and months together, they might be dispensed with altogether. The House-Surgeon before my Predecessor, had thought necessary to restrain from six to seven Patients daily. My Predecessor reduced this number still lower, and had seldom more than one Patient under Restraint at one time. If the Patients have, since my appointment, undergone numerous and daily abuses (as endeavoured to be impressed) for want of Instrumental Restraint, they must have been in the same manner abused during my Predecessor's superintendance; for he reduced the number of Restraints from *seven to one*, I merely from *one to none*.

"Moreover if the use of Instruments of Restraint be a necessary precaution against accidents and abuse, they must, in the case of Patients disposed towards acts of violence, be used constantly and not occasionally; as the Maniacal Paroxysms usually appear suddenly, and often without premonitory symptoms, in Patients who have long been orderly and quiet."***

"Copy of a letter written by a Patient, as vindicating the true feelings of the Patients on their treatment in this house, and their sensibility on the point of using instruments."

(As copied in the House Visitor's Report, January 30, 1837.)

“Mrs. ——

“When I was at —— I heard them say I was to come to Lincoln Lunatic Asylum, when I was quite feared seeing the severe confinement, but this is quite different. I am in the wards up and down where there are thirty-three female Patients. I have not seen a strait-waistcoat, nor yet leather sleeves, nor leglocks, nor muzzles, or other sorts of confinement. Say or do what you will, there is no fault found—the Nurses all seem very loving and dutiful to the Patients—if your finger only aches, the House-Surgeon attends several times a day, and at the night, if he sees any of them unruly, he orders a nurse to sit up with them. The bed-rooms are carpeted, (feather beds, most of them with hangings), wash-stands, basins, towels, looking-glass, comb and brush, and a nurse to attend us. We have tea twice a day, and as much toast as we can eat, milk and bread for our supper, meat dinners every day, and different sorts of puddings : the Matron* of the Asylum stands at the table and asks whether we are all satisfied, and if any one wants more she orders a nurse to bring it—she wishes to see us all comfortable. We go to bed at eight o'clock. We have nothing to do only to walk in the garden twice a day, and cards to play, and other sorts of exercise. I never was better off since I left my Parents.”

“This letter is above suspicion ; it is from an untainted quarter, not drawn out by leading questions, or by the wish to gratify persons connected with the Establishment ; while it is obvious that a delusion of good treatment while under bad, is less to be expected than the delusion of bad treatment under the kindest system of discipline and control.”***

[Mr. Hill concludes his Report with a long series of letters from Discharged Patients, expressing their grateful sense of the kind treatment which they themselves and the other Patients received in the House.]

* Now Matron of the Asylum at Glasgow.

1829, April.

Extract from the Fifth Report of the Lincoln Lunatic Asylum.

“The Governors have particularly directed their views to the subject of Coercion and Restraint, well aware of their injurious consequences to the Patients, and seeing from the late Parliamentary investigations on these points, the deplorable results which caprice, tyranny, negligence, and above all a wish to avoid necessary attention and trouble, have elsewhere produced. In order to ascertain the number and condition of the instruments in use for these purposes, instead of being dispersed in all parts of the house under the control of the inferior Keepers as heretofore, they are now collected in a single apartment, accessible at once, and open to inspection at any moment. In the next place, the Governors have adopted a Register universally used in the Scotch Asylums, wherein the Director is bound to enter the nature of every instance of restraint, and the time of its continuance, during the night as well as the day.”

1831, March.

Extract from the Seventh Report of the Lincoln Lunatic Asylum.

“Heretofore it was conceived that the only intention of a receptacle for the Insane, was the safe custody of the unhappy objects, by any means however harsh and severe. These views are now passing away, and the fair measure of a Superintendent’s ability in the treatment of such patients, will be found in the small number of restraints which are imposed. The new Director has answered this test in a very satisfactory manner.”*

1832, March.

Extract from the Eighth Report of the Lincoln Lunatic Asylum.

“The Register of Restraints shows a continued diminution in their

* “As early as the 24th day of November last, there was not any patient in the house, out of 48, under restraint, unless one wearing a collar, which leaves all the limbs quite at liberty, can be so considered. This gratifying occurrence has taken place more than once since that time.”

number. Strangers who derive their notions of an Asylum from the coloured pictures of imaginative writers, or from ill-conducted establishments where severity is made to supersede vigilance and attention, are surprised at the freedom, repose, and cheerfulness, which appear through the whole house. The Boards have kept steadily in view the Nature of the Restraints employed, and have great pleasure in having been able to destroy several Instruments of a coarse and harsh construction, which an exaggerated caution had originally provided, and which experience has proved to be unnecessary."

1833, April.

Extract from the Ninth Report of the Lincoln Lunatic Asylum.

" It is unceasingly an object in this Institution, and should form a prominent point in the Annual Reports, to dispense with or remove as much as possible the Instruments of Restraint. Nothing is more easy than to multiply ingenious inventions, fully effectual for the direct purpose of confinement, but injurious as encouraging the system itself; it has here, on the contrary, been the design to diminish the number of these instruments, and to simplify the construction, where vigilance and attention cannot wholly supply their place. Many restraints and privations, to the appearance of which custom has reconciled the Governors of receptacles for the insane, as mere matters of course or of unavoidable necessity, might generally be traced to the principle of saving trouble to the attendants; while the plausible ingenuity frequently displayed in obtaining that end, has been suffered to disguise its cruelty and injurious effects, and has contributed in no small degree to the popular delusion, which prevails respecting the difficulty and ' mystery' of managing the insane.

" The propensity of some Patients to destroy their wearing Apparel, has been found a great inconvenience in all Asylums, and has introduced the ' Muff,' an instrument open to some of the worst objections against the Strait-waistcoat; but now nearly superseded in the Lincoln Asylum, by adopting for such persons a dress which is not torn without great difficulty."

1834, March.

Extract from the Tenth Report of the Lincoln Lunatic Asylum.

“ Strangers who visit the Lincoln Lunatic Asylum usually express their great surprise at the freedom enjoyed by the patients, and the rarity of even individual instances of personal restraint. The treatment through which the patients are induced to supply, by self control, the necessity for restraint, may be explained, partly by the facility which the improved construction of the building gives for the separation of the patients into appropriate classes—partly by the liberty which the enlarged airing grounds allow for exercise and recreation—and especially by the absence of all those engagements on the part of the House-Surgeon and Attendants, which would divert them from the observation of the patients, or form a plea for the neglect of this their principal and special charge.”

1835, April.

Extract from the Eleventh Report of the Lincoln Lunatic Asylum.

“ A further review of the instruments of Restraint has reduced them to four mild and simple methods: viz.

“ Day, 1.—The wrists secured by a flexible connection with a belt round the waist.

“ 2.—The ankles secured by a flexible connection with each other, so as to allow of walking exercise.

“ Night, 3.—One or both wrists attached by a flexible connection to the side of the bed.

“ 4.—The feet placed in night-shoes, similarly attached to the foot of the bed.

“ Both the precautions together are very seldom required in the same case, either by day or by night: strong dresses which cannot readily be torn, and list shoes, generally superseding the necessity of any restraint even in excited cases. The object of restraint is not punishment but security. Every instrument, which could confine the fingers themselves, has been entirely discarded, for reasons founded on a distinction between restraints which render a patient harmless, and those which would render him unable to employ the remains of his reason to assist himself on proper occasions.”

1836, March.

Extract from the Twelfth Report of the Lincoln Lunatic Asylum.

" Notwithstanding the increased number of Patients, (now 74), the Boards have observed with much satisfaction, that the amount of instances of Restraint has continued rapidly to diminish. There is no doubt that,

" The complete means of Classification afforded by the improved Construction of the Building—

" The Dormitory under Night Watch—

" The ample sufficiency of Attendants of good temper and sufficient bodily power—

" Their Non-occupation in any other duty than the personal care of the Patients—

" The Practice of this duty secured by the introduction of Sash Doors throughout the House—

" The wholesome manner in which the Public eye is brought to bear upon the treatment of the Patients—

" The separate Depository for the Instruments of Restraint—

" The Official authority required for each instance of their application, and the subsequent Registry—

" The use of Strong Dresses for Patients who would tear their clothes :—and of List Shoes for those disposed to do injury with their feet—

" The cheerful aspect of the Apartments, Grounds, and Prospects—

" The abundant Exercise in the open air—

" The encouragement of Employments, Sports, and Amusements—

" The total Abstinence from Fermented Liquors—

have each contributed to this effect. Still more however must always depend upon the *personal* attention of the House-Surgeon to the Patients, and upon his insisting and actually seeing (for in no other way can he know) that they habitually receive the same care from the Attendants; whose inclination, it must be remembered, would naturally lead them to the confinement of the Patients, to save themselves from trouble.

" Three successive months (excepting one day) have now elapsed without the occurrence of a single instance of Restraint in this estab-

lishment: and out of thirty-six weeks that the House-Surgeon has held his present situation, twenty-five whole weeks (excepting two days) have been passed without any recourse to such means, and even without an instance of confinement to a separate room.”

1837, April.

Extract from the Thirteenth Report of the Lincoln Lunatic Asylum.

“ This Asylum was originally established at a time when these Institutions were few and imperfectly understood. Under such circumstances essential defects in principle and in the construction of the Buildings and Courts were unavoidable: but very fortunately they were of a nature to admit of remedy as completely as if they never had existed. Improvements based on actual experience have successively arisen, and have eventually produced a Construction possessing advantages which no pre-conceived theory could have devised.*

“ It cannot be too widely made known that in a properly constructed and well regulated Asylum, the Insane may be treated not only much more easily and effectually, but also much more mildly than at their own home, where the unadapted arrangements of the Dwelling and Grounds, and the presence of Relatives and Dependants, oppose unceasing impediments to Recovery, and often produce an aggravation of the complaint, by the restraint and close confinement which may become unavoidable under the circumstances.†

“ The present House-Surgeon has expressed his own belief, founded on experience in this house, that it may be possible to conduct an Institution for the Insane without having recourse to the employment of any Instruments of Restraint whatsoever. He has certainly made

* “ Errors of construction are frequently copied from one Institution on the formation of another, and are sometimes persisted in owing to the expense and inconvenience which would attend their correction, thus becoming in their turn models for similar errors in the erection of future Buildings.”

† “ Patients are frequently brought to this Asylum under distressing Restraints, which have been kept constantly applied for several weeks or months together, and in one instance for more than twenty years. At the Bicêtre in Paris, the chains imposed at the time of admission were not ever removed till death; the humane and intelligent Pinel, after an arduous struggle with the authorities, succeeded at last in breaking through this barbarous custom, and restored the inmates to ease, comfort, and recovery.”

a striking advance towards verifying this opinion, by conducting the Male (the completed) side of the house, with but a solitary instance of such restraint, either by day or by night, during the course of the sixteen last months, and that applied only for two hours, during his absence ; nor is it impossible that, when the Buildings can be finished, an example may be offered of an Asylum, in which undivided personal attention towards the Patients shall be altogether substituted for the use of Instruments.*

“ By the degree of approach to this Result of sound Construction, of Management, and of Official Conduct, ought the excellence of every Public Asylum to be tested.”

1838, March.

• *Extract from the Fourteenth Report of the Lincoln Lunatic Asylum.*

“ There is now an increased confidence that the anticipations of the last year may be fulfilled, and that ‘An example may be offered of a Public Asylum, in which undivided personal attention towards the Patients shall be altogether substituted for the use of Instruments of restraint.’ The bold conception of pushing the mitigation of restraint to the extent of actually and formally abolishing the practice, mentioned in the last Report as due to Mr. Hill the House-Surgeon, seems to be justified by the following abstract of a statistical Table,† showing the rapid advance of the abatement of restraints in this Asylum, under an improved Construction of the Building, Night-watching, and attentive Supervision. We may venture to affirm, that

* “ Soon after the date of a Regulation made in this house (February, 1829) requiring that one of the Attendants should sit up with any Patient confined in a Strait-waistcoat during the night, the use of that instrument, previously considered indispensable, *totally* disappeared : even the slight trouble of entering the fact of any Restraint was found in the same manner to produce a diminution. Whenever for any reason Patients are locked up from the rest in the day time, a ticket denoting the circumstance should be hung upon each door ; otherwise, under the greatest appearance of frankness and openness to inspection, Patients may be suffering all the miseries of confinement and neglect, unseen and unsuspected by the Visitor.”

† “ This Table was prepared by Mr. Hill, who since his appointment in July, 1835, has, on this, as well as every other occasion, faithfully and unsparingly exerted himself to serve the interests of the institution. It is in the power of an unwilling officer to make any improvements fail in practice.”

this is the first frank Statement of the common practice of restraints, hitherto laid before a British Public.

“ Number of the Patients Restrained, and of the Instances and Hours of Restraint, in eight successive years and nine months, as extracted from the Register of Restraints, established March 16th, 1829, on the plan required by Law in Scotland.

Year.	Total number of Patients in the House.	Total number of Patients restrained.	Total number of Instances of restraint.	Total number of Hours passed under restraint.
1829*	72	39	1727	20,424
1830	92	54	2364	27,113 $\frac{3}{4}$
1831	70	40	1004	10,830
1832	81	55	1401	15,671 $\frac{1}{2}$
1833	87	44	1109	12,003 $\frac{1}{2}$
1834	109	45	647	6,597
1835	108	28	323	2,874
1836	115	12	39	334
1837	130	2	3	28

“ After deducting the number of Patients introduced in the above Table more than once in the years 1829-30-31-32-33-34-35, and also the re-admitted cases within the same period, the actual number of Patients restrained in the course of such seven years was, 169 :—

“ Of these 169, there remained in the House at the end of such seven years, 43 :—

“ Of these remaining 43, there were discharged from the Books during the years 1836-7, <i>not having been restrained at all during any part of such two years</i>	11
————— <i>having been restrained only for about seven hours during any part of such two years</i>	2
————— <i>remained in the House December 31, 1837, not having been restrained at all during any part of such two years</i>	29
————— <i>having been restrained once only (for about nine hours) during any part of such two years</i>	1
	43

* “ From March 16th.”

" This striking progress of amelioration affords good encouragement for persevering in a system so successfully commenced ; and the more so, as a corresponding decrease of violence, accidents, and revolting habits, has accompanied the change. Under any system whatsoever, violence must be expected occasionally to exhibit itself, and produce its effects, in a Lunatic Asylum ; but the comparative rarity of such collisions in this Asylum since the alteration of the Building, the discontinuance of fermented drink, and an habitual presence of attendants in lieu of restraints, has shown that coercion may be safely dispensed with. On the same principle it has been observed, that the number of escapes and outrages in prisons has materially diminished, since the time that the legislature forbade the ordinary use of Irons. There is little doubt that the constraint upon free motion, so commonly employed in violation of a relief called for and indicated by nature under a redundant excitability, must be as distressing and injurious to the Insane, as would be a systematic suppression of the noisy mobility of Childhood. The mischievous ingenuity sometimes exhibited in Instruments of restraint, tends to mislead the feelings of the public, who ought to keep steadily in view that, without any exception, *every* invention (such as the Chair of restraint, &c.) must impede motion, and the proper action of the system, must irritate the Patient, encourage loathsome habits, and discourage all tendency to self control. The very principle of such bodily coercion is unsound and unphilosophical.

" The erroneous prepossessions of society on the subject of Insanity, often lead strangers, while unconsciously surrounded by all the worst cases in this Asylum, to enquire where are the furious and violent ; and some strangers can with difficulty be induced to believe, that the unoffending peaceful persons amidst whom they are standing, are the very objects of their enquiry and alarm, subject to no other control than the habitual presence of steady, watchful, and powerful attendants. The popular belief in the ungovernable ferocity of the Insane, encouraged by persons more studious of their own ease and enjoyment than that of the Patients entrusted to their care, has been very mischievous, and has tended to excuse restraints and other severities, on the assumption of their necessity ; whereas in truth it is this very practice, which renders the complaint intractable, and gives

to it a character of exacerbation* seeming to justify both the prejudice and the treatment. Such prejudices and their consequences can only be corrected, by opening examples of a milder management to the inspection of Society, which has a deep personal concern in the mild or harsh treatment of a complaint, which may affect *any*, either personally or through relatives and friends.

“ During the period when restraints were so freely resorted to in this and other Asylums, it could be little imagined by strangers permitted to see the condition of only a selected portion of the Patients, exercising or engaged in the beautiful Foregrounds, or in some of the cheerful Galleries in front, that behind this scene were lingering under restraints, such a large proportion of the Patients. The Public has generally seen what it is least important that they should see. Mr. Farr observes, The words of the talented Samuel Tuke on this subject are golden. ‘ *I believe that I am not too sanguine when I say, that for one evil arising from accidental Visitation, ninety nine will be prevented. The evils of Visitation are speculative bugbears, to which practical men have too often found it convenient to give the character of reality.*’ ”

1839, April.

Extract from the Fifteenth Report of the Lincoln Lunatic Asylum.

“ The value of an Asylum for the Insane, possessing the readiest

* “ The following graphic picture of the exacerbating effects of an Instrument in too common use among persons intrusted with the care of the Insane, is from a practised Officer at Bethlem, examined before a Parliamentary Committee.

“ The Patients are completely confined; if the Strait-waistcoat be tied tightly, respiration is prevented or impeded, and it is also at the mercy of the Keeper how tight he chooses to tie the Waistcoat. If the Patient be irritated by itching in any part, he is unable to administer the necessary relief by scratching, or if troubled with flies; in hot weather it is a painful incumbrance, and if not changed is liable to absorb a great deal of perspiration, which renders sometimes the skin excoriated. He cannot wipe his nose, and he becomes a driveller in consequence; he cannot assist himself on natural occasions, or possess personal cleanliness, so long as the Strait-waistcoat is applied. Then there is another very curious effect, that has resulted from keeping on the Strait-waistcoat for a considerable time; the nails are pinched up, and I have seen some instances, when Patients have been long kept in the Strait-waistcoat, where the nails have resembled the claws of an Animal, so that I can pretty nearly judge by the look of the hand of a Lunatic, if I do not see his face, whether he has been the subject of a Strait-waistcoat a long while.”

and best means for restoring the recoverable, and of safety and comfort for those who are not so, is inestimable to the Patients, their Friends, and to Society: nor can a Public Asylum be considered as having fully accomplished the intentions of its founders, or satisfied just expectation, until these objects shall have been carried out to the fullest extent, which its means will allow. It will be gratifying to the Governors of this Institution to know that the improvements, which have been effected in the construction and arrangements of the house and grounds, have been followed, not only by an extraordinary amelioration of the treatment and condition of the Patients, but also by a cessation of suicidal and other fatal accidents,* and by an increased proportion of Recoveries effected in a reduced space of time; objects of deep importance in a humane point of view, and (as Mr. Farr justly remarks) also as a matter of economy.

" Of the great extent to which the general condition of the Patients has been ameliorated, some judgment may be formed from a review of its early state. Then might be seen (amidst the Quiet and Convalescent Patients), some in Strait-waistcoats, or wearing padded iron Collars, heavy cumbrous leather Muffs, Belts with Manacles, solid iron Wristlocks, jointed iron Leglocks, or Hobbles;—or in Dresses inappropriate to their sex, to accommodate habits, which the use of Instruments confining the fingers had too often induced; while others were sitting locked in massive Chairs with lime strewed underneath, or were secluded in solitary Cells;—and these cruel substitutes for a steady system of Watchfulness, but a prelude to the still greater miseries of nights to be spent under the same wretched system of restraints, painfully sacrificing the freedom and ease of the Patients to the leisure, or misemployment, or inadequate number of the Attendants. Such treatment has gradually given way, as a slowly acquired experience of the tractability of the Insane under a milder management, gave confidence and courage. At last Severity of every

* " A late trial at York, concerning a fatal rencontre between two Lunatic Patients confined in an Asylum, *both under personal restraint*, proves that restraints are not of themselves a sufficient protection even against the worst effects of mutual violence."

kind has disappeared, through the zealous co-operation* of the present House-Surgeon, who by an honest and determined application of the means placed at his disposal, has carried out the system of mitigation to the unlooked for result of an actual abolition† of the practice of personal restraint; not any instance‡ of which has now occurred for a period of more than *twenty-three* successive months.

"The Severity of an Asylum does not, as is supposed, consist in the outrage, blows, and active ill usage occasionally brought to light, and which may be prevented by a Superintendent having any claim

* "We hope the time is near, when the conviction will be more strongly felt than it has hitherto been, that the ultimate success of an institution in which human beings are assembled together, whether for instruction, support, correction, or physical cure, must depend almost if not entirely, on the strength of character and moral fitness for the situation, of the individual who is placed at its head. Whether it be a school, a work-house, an Asylum, or a prison, no committee of managers, or set of visitors, can ever hope to be able to bring it into a thoroughly prosperous state, unless their intentions are seconded and carried into execution by the individual, who is in reality the executive head of the whole."

"Monthly Chronicle, February, 1839, page 183."

"Without efficient Officers, honestly and zealously willing to co-operate with the Authorities, no superintendance, no Rules can be of any permanent use. An unwilling Officer can thwart the best arranged plans, without subjecting himself to any specific charge: he can contrive that an improved system shall not answer, or can arrange that any convenient plan of his own shall become necessary, or can affect to misunderstand: or can distress Officers who are honest in their duty, or can countenance a faction of an opposite character, or can raise difficulties, and may always avoid offering expedients."

*"Reports on prisons, transmitted to the Secretary of State,
"in 1827. [Lincoln Castle.]"*

† "In order to become *personally* assured of the effect produced upon the Disorderly Patients by the substitution of a system of Watchfulness instead of Restraints, the House-surgeon spent 3 hours daily for 38 out of 40 successive days in the Months of March and April of the present year, among these particular Patients and their attendants: and had the satisfaction to witness good order preserved, without either violence or intimidation on the part of the latter, throughout the whole period."

‡ "This does not apply to a Surgical case, in which it was thought necessary to prevent a patient from meddling with the dressings of a part, supposed to have been injured by the use of one of the old injection pipes. Such an accident is now effectually prevented by adopting a bowel pipe, invented some years ago by a governor of this institution. It has a very short thin stem terminated by a perfectly round ball, sufficiently large to dilate the sphincter: this cannot injure the bowel under any circumstances."

to humanity or attention, and who has eyes to see bruises and a voice to ask their origin :—Its torturing effect lies in the aching of limbs forcibly detained in one position, especially during the night, forbidden the ease and alleviation of change, with confined irritability for which nature has opened the vent of free motion, monotony, the feeling of oppression, surrounding miasma, contempt, and neglect :—all much more keenly felt than occasional violence, and sometimes prompting fatal acts of revenge or despondency.

“ Lunatics do not lose with their reasoning Faculties their bodily susceptibilities, although occasionally perverted. It is true that they have been known to bear extreme privations of Warmth, Food, fresh Air, Cleanliness, and kind Attention, without complaint or other sign of suffering. But, as fire will scorch a paralysed limb, notwithstanding that the sense of feeling may be suspended or lost, so will cold, meagre and unwholesome diet, foul air, filth, and a neglect of all the common decencies and comforts and enjoyments of humanity, injure health and shorten life, whether any consciousness of the mischief in progress may be exhibited or not.

“ Lunatics have not been indebted to an affected or misdirected tenderness, which, while it has guarded them from the supposed inconveniences of the public eye, has at the same time deprived them of its protection. Strangers who inspect Asylums for the Insane ought, as a matter of public duty, not to be contented with merely observing the more prominent arrangements of the Buildings and Grounds, the Work-rooms and modes of Employment of a portion of the Patients, the eccentric habits of others, often of a lively and amusing character ; novelties too well calculated to strike the imagination, and divert attention from the far more important examination of the condition of those other inmates, who usually inhabit the more retired parts of the premises, perhaps suffering under various modes of restraint, or secluded in cells, or bound down in bed.* An inspec-

* “ The following Memorandum appeared in the ‘Strangers Memorandum Book’ at Lincoln, April, 1830.

“ ‘ On the Continent, as at Aversa near Naples, there is much in the institutions ad captandum vulgus—for instance, at the place above-mentioned we find a Theatre considered a necessary appendage, there are Billiard-rooms, &c., &c. I am not deprecating these, but when I was allowed to view one third of the in-

tion of the state of this Class of the Patients and their accommodation, may be considered as affording the unerring test of sound Government, efficient Visitation, and good Official Management. Where such inspection is avoided or evaded, reasonable suspicion must be entertained of a laxity in some or all of these departments, however imposing may be the exterior or high the character: and that the Privacy* professed to be necessary for the Patients, is only a plea for concealing negligent Superintendance. As the prejudices against Lunatic Asylums, and the grounds for them, have both had their origin and growth under a systematic exclusion of the public eye, so will both disappear under its honest Admission. Independent and Casual Inspection has frequently led to the detection of abuse, where Official inspection had failed; habit soon reconciles accustomed eyes. A single inspection of an Asylum conducted on wholesome principles, reverses all the pre-conceived notions of strangers concerning the intractable nature of insanity, and exposes the hollow pleas for severity and concealment."

1840, April.

Extract from the Sixteenth Report of the Lincoln Lunatic Asylum.

"Very nearly five years have now elapsed without a single instance of suicide; while, in the preceding years, no less than seven instances had occurred, viz. four (in the day time) between August 1821 and April 1833 inclusive, and three (in the night time) between July 1834 and May 1835 inclusive."

stitution, and that in company of ALL the Superior Medical Officers, I was inclined to laugh at the baubles which were in full view to attract all eyes. There is no Clap-trap in the management of this Institution—and from its situation, it possesses perhaps greater capabilities than any other in Europe. Sonnestein near Dresden, can, in this respect, alone be compared with it.

(Signed) E. Scholfield, M. D."

* "How strong is the disposition to exclude the public eye under such circumstances may be learnt from the fact, that when, on a late occasion, a Stranger exposed some abuses he had witnessed in the treatment of Idiots confined in an Union-house, which, if not unobserved, had become familiar to the Official Visitors, an order was passed for the future exclusion of Strangers from this department."



The Question of Instrumental Restraint has not been agitated at Lincoln only. Several most enlightened and experienced individuals have now given it their public sanction ; others have silently adopted the improvement ; and there has been almost every where a striking diminution in the use of Instruments. It is found by experience, that each diminution makes their use less and less necessary, until at last the humane practitioner is satisfied, that some additional inconvenience is most amply compensated by his having in their disuse, finally closed the door against a boundless system of abuse, tending perpetually to spring into increased action.

It would be most gratifying to the Board to place on their records the opinions of such men at full length, which have not as yet attained the popular circulation demanded by their interesting merit. A Memoir in the British and Foreign Medical Review, the Reports of the Visiting Justices of the Hanwell* Asylum and Dr. Conolly's Reports, the Reports and cases of Dr. Prichard of the Northampton Asylum, the Works of Dr. Poole of Montrose, and of others whom it would be invidious to enumerate, are mines of instruction and benevolence.

1839, October.

Extract from the Fifty-first Report of the Visiting Justices of the Hanwell Lunatic Asylum.

“ Your Committee have to report that the improved state of the Asylum, which they anticipated from the recent changes in the Establishment, has fully realized their expectations. Already are the good effects of harmony among its Officers discernable in their several departments. The machinery is beginning to work well, and your Committee entertain no doubt from their experience of

* Mr. Sergeant Adams has made the most benevolent exertions for the improvement of this Asylum.

the few last months, that at no very distant time, they will have the satisfaction of seeing this noble Establishment a model for Institutions of a similar kind. But it is not on this account that they think it right to express their satisfaction at the progressive improvement, which they have observed in the discipline of the Asylum. The comfort and well being of its Inmates, and possibly in some instances the reasonable expectation of their cure depend, more than may at first sight be conceived, on the order and alacrity with which every Officer in his department co-operates in the common purposes of the Establishment. Want of harmony and kind feeling are sure to be followed by a relaxed state of discipline, and all these, as sources of discomfort and irritation, are likely to produce the most mischievous effects upon the Patient.

“ This leads your Committee to notice a very beneficial change, which has been introduced by the Medical Superintendent, in the management of the Patients. They are induced to notice this, though it forms a part of the Medical Report, because it has entailed a trifling increase of expense by the employment of a greater number of Keepers and of Nurses. The alteration consists in the substitution of vigilant superintendance for personal restraint, except perhaps on very rare occasions, and in extreme cases. Experience has abundantly proved, how injurious harsh treatment is to the morbidly irritable mind, and what beneficial effects flow from a steady course of gentleness and persuasion. True it is, that the readiest and the easiest remedy for violence that presents itself is coercion, and if there be not a sufficient number of attendants to keep a watchful guard over the insane during their paroxysms of violence, it is in fact the only remedy; but it is one, which in too many instances must be attended with cruelty and all its injurious consequences, and which nothing but the plea of necessity can excuse.”

Extracts from the Report of the Resident Physician.

“ The number of patients in the house who have been known at any time to meditate suicide is inconsiderable; nor are there more than two or three concerning whom any particular anxiety is usually felt on that point. There is some reason to believe that the tendency to self-destruction is aggravated, if not in many cases produced, by the close restraints to which lunatics are subjected, and which their excited imagination invests with unreal horrors.

“ The article of treatment in which the Resident Physician has thought it expedient to depart the most widely from the previous practice of the Asylum has been that, which relates to the personal *coercion* or forcible *restraint* of the refractory patients. Without any intention of derogating from the high character acquired by the Asylum, it appeared to him that the advantage resulting from the degree of restraint permitted and customary in it, at the period of his appointment, was in no respect proportionable to the frequency of its application; that

the objections to the restraint actually employed were very serious; and that it was in fact creative of many of the outrages and disorders, to repress which its application was commonly deemed indispensable, and, consequently, directly opposed to the chief design of all treatment, the cure of the disease. The example of the Lincoln Asylum, in which no patient has been put in restraint for nearly three years, came also powerfully in aid of an attempt to govern the Asylum at Hanwell by mental restraint rather than by physical.

“ Such an attempt could not be extended to all cases without some immediate inconveniences. Attendants accustomed to rely on the easy help of close restraints, were reluctant to abandon them, and unexercised in the resources without which their abolition produced inconveniences, which they were not likely or able to compare with the remote evils produced by their continuance. Nor would the Resident Physician yet presume to say that strong restraint may never be required; but he begs to lay before the Visiting Magistrates a simple statement of the progress of an attempt to do without it. By a List of Restraints appended to this Report, it will be seen that the daily number in restraint was in July so reduced that there were sometimes only four, and never more than fourteen in restraint at one time; but that since the middle of August there has not been one patient in restraint on the female side of the house, and since the 21st of September not one on either side.

“ The coercion-chairs, about forty in number, have been altogether removed from the wards: no chair of this kind has been used for the purpose of restraint since the middle of August.

“ It may be considered yet too early to pronounce a positive opinion on the general effects of these measures. In so large an asylum, filled with pauper lunatics, the means of mere mental control must always be limited, and the discontinuance of cruel restraints may only slowly be appreciated by the patients. But the Resident Physician is inclined to believe, after as careful observation at all hours as the space of a few months has permitted, and notwithstanding some peculiar difficulties, that the noise and disorder prevalent in some of the wards has already undergone diminution; that instances of frantic behaviour and ferocity are becoming less frequent; that the paroxysms of mania to which many of the patients are subject, are passed over with less outrage and difficulty; and that, if cases are yet seen which appear for a length of time to baffle all tranquillizing treatment, they chiefly, if not exclusively, occur in acute mania, the symptoms of which would be exasperated by severe coercion, or among those who, having been insane many years, have been repeatedly subjected to every variety of violent restraint.

“ With respect to the discontinuance of restraint-chairs, he may speak more confidently. Several patients formerly consigned to them, silent and stupid and sinking into fatuity, may now be seen cheerfully moving about the wards or airing-courts; and there can be no question that they have been happily set free

from a thralldom, of which one constant and lamentable consequence was the acquisition of uncleanly habits.

“ The substitution of mental control, implying constant superintendance, for physical coercion, has rendered it indispensable to increase the number of MALE AND FEMALE ATTENDANTS.

“ To maintain quiet and decent behaviour in the wards, airing-courts, grounds, and gardens at all hours; to preserve the patients, many of whom are feeble and helpless, from various dangers, in all situations and seasons; to prevent scenes of sudden violence, and put a stop to quarrels before abusive and irritating language leads to outrage; to protect the weak, and exercise an habitual control over the powerful, the mischievous, and the destructive; to guard the maniacal during the acute stages of their disorder, and to overpower the very violent without an unequal and dangerous struggle; can only be effected when the attendants in an Asylum are sufficiently numerous to ensure the extension of their superintendance to every part of the building or grounds, in which the patients are employed, and the constant presence of at least one, but generally of two, and sometimes of three attendants in each ward, according to its size and character. Without this provision, particularly in large wards containing several patients who are occasionally violent, the most objectionable forms of restraint become necessary, and are yet insufficient to maintain peace or create security. Too severe an economy, perhaps more than any other cause, led to the prevalence of those extreme restraints in other establishments, to which public attention has been at different periods so much directed. But physical restraint often fails to extend its effects beyond the body and the limbs; shouts and execrations attest its powerlessness over the excited brain; and the turbulence of the most refractory, thus uncontrolled or exaggerated, becomes a powerful obstacle to the well doing of all the rest. No knowledge, no experience, no vigilance, no benevolence in the heads of an establishment, can preserve the constant and perfect discipline required for the protection and cure of the insane, if their orders are not executed by an efficient body of intelligent, active, and watchful male and female attendants.”

1840, January.

Extracts from the British and Foreign Medical Review. Esquirol, Pasquier, Ellis, Hill, &c., on the Organization and Management of Lunatic Asylums.
P. 148.

“ Vainly do they boast of the neatness of their halls, and the silence and order of their wards, who have, in some unfathomed corner of the house, miserable creatures sitting strapped in chairs, with their restless hands in heating and constraining leatheren muffs. More vainly still, if, as on too good grounds we fear to be the case, they have others in *chains*, and *kept in chains for years*.

" Five and Forty years ago, says Esquirol, lunatics were chained throughout Europe. Eighty lunatics at the Bicêtre were unchained by Pinel in 1794, and the general treatment was henceforth improved ; thongs and scourges were no longer delivered out to the keepers ; and the result was, that many lunatics, before deemed incurable, recovered, and that all the rest became quieter and more easily governed. France, he observes, with just pride, was the first nation to offer the spectacle of nearly three thousand lunatics kept in confinement (in and near Paris) without chains, without blows, without unkind treatment : and he quotes, with justifiable disgust, the cold-blooded opinions given by medical authorities in England at a later period, on these points of lunatic discipline. He alludes to numerous inventions, of more or less ingenuity, for confining the arms, legs, and heads of patients, on which we hope it is unnecessary to make any critical observations, the physician appearing likely in our day to supersede the carpenter and the blacksmith in this department of medicine.

" Whatever pleasure we should have in fancying such evils no longer to exist in any European country, we cannot forget that in Genoa, even at this time, 250 patients are described by Dr. Lee as being confined to ill-ventilated wards, ' which they are never allowed to leave until they die or are dismissed the hospital.' In the women's ward many are chained by the hands and feet ; and the mortality of the institution is enormous.

" The reform of such establishments has begun, and made considerable progress ; but the great objects of philanthropy are seldom rapidly effected ; the hostility of the unfeeling and of the prejudiced is never overcome by one assault ; and unless the courage of the benevolent be accompanied by equal patience and vigilance, the work still remains long incomplete.

" ' Many errors,' observes Mr. Tuke, ' have arisen both in the construction and management of asylums, from an excessive attention to safety ; and it has been made an excuse for much improper treatment, and for much vicious neglect on the part of the attendants.' He mentions a visit he made to a house for insane persons, in which security was made a *primary* object ; and where he found three of the keepers, in the middle of the day, earnestly employed in playing cards. We think, indeed, that a pretty correct estimate of the general management of a lunatic institution may be made by observing the number actually under corporeal restraint. It is here as in a regiment ; where severe punishments are frequent, the commanding officer will generally be found inefficient.

" In this particular there is apparently no asylum in England which presents so remarkable a model as that of Lincoln. Of all the works that have appeared on the subject of lunatic houses, since the publication of Mr. Tuke's account of the Retreat, there is none which contains matter more deserving of attention than that recently published by Mr. Hill. His lecture is little more than a simple commentary on the resolutions of the board of the management of the Lincoln

asylum for twenty years past, during which period, under the superintendance of Dr. Charlesworth, and, latterly, with the vigilant co-operation of Mr. Hill himself, as house-surgeon, almost every kind of bodily restraint is stated to have gradually fallen into disuse as superfluous, or worse than superfluous, a mere substitute for watchful care. This great alteration of treatment, opposed to long practice and strong prejudice, and even to opinions yet very generally entertained, has only been effected, it is said, by the most careful adoption of all the parts of a system of constant superintendance, of well-preserved classification, and of humane and effective practical management. A well devised night-watch suffices to prevent the occurrence of suicides and of various irregularities, without the necessity of irksome and irritating night-restraints. The attendants are numerous, selected for good temper, and of sufficient bodily power; so that every patient is watched, and knows that he can be controlled; and yet every patient enjoys a great degree of liberty, and none are tortured by continual coercion. By means of sash-doors, the attendants themselves are liable to continual inspection, and little is left to their undisciplined temper or caprice.

" In too many cases, we suspect, the mode of proceeding with lunatics, in the early period of their affliction, is the cause, and not the consequence, of the most alarming or the most offensive characters of the malady, which characters become exaggerated in its more advanced stages. Fits of violence are met by violent restraint, and an aggravation of the violence follows. Close bodily restraint induces uncleanliness; and the helpless creatures, disabled from any effort to maintain decent habits, are still more closely restricted, on account of the unhappy effects which the first restriction occasioned. Not a day passes, where this system prevails, in which some passionate keeper, or some impatient nurse, does not strap up some unhappy patient closely, and hastily, and fiercely; and the period of duration of such restraint, unless carefully and daily reported, (and where is this done?) is very uncertain, extending often to twenty-four hours, and galling the poor victim day and night.

" Without endeavouring to proceed to the extent of the abolition of corporeal restraints, the character for humanity obtained in lunatic asylums appears to us to be little better than a kind of quackery. The quiet patients are exhibited in triumph; sagacious head-shakings are made over those sitting in the chairs of restraint, like so many beasts in an unclean stable; and the worst patients are not always shown. 'The severity of an asylum,' well observes Dr. Charlesworth, 'does not, as is supposed, consist in the outrage, blows, and active ill usage occasionally brought to light, and which may be prevented by a superintendent having any claim to humanity or attention, and who has eyes to see bruises and a voice to ask their origin. Its torturing effect lies in the aching of limbs forcibly detained in one position, especially during the night, forbidden the ease and alleviation of change, with confined irritability for which nature has

opened the vent of free motion, monotony, the feeling of oppression, surrounding miasma, contempt, and neglect :—all much more keenly felt than occasional violence, and sometimes prompting fatal acts of revenge or despondency.’ (*Lincoln Report*, p. 5).

“ Those who speak in terms of eulogy of the moral advantage of even temporary restraints, cannot divest themselves, one would think, of the apprehension that restraint once resorted to, and found convenient, will be not temporary, but continued for a hurtful period of time. To walk through a ward in which there is one noisy patient, and to order the patient to be instantly put in restraint, may pass for excellent discipline in the eyes of a hasty, frightened visitor ; but if the visitor remained to see the order put in force, what would he behold ? First, an ineffectual attempt of one or two keepers to effect the restraint ; then a greater power brought to bear on the victim ; and a scene of struggling, striking, kicking, biting, spitting, swearing, and screaming, which frights the whole ward from its propriety. Let him go again in an hour, and he will find the patient still noisy, shouting, and cursing all the powers that rule the asylum. In three or four hours it is still the same. At length, perhaps, the patient becomes silent. Happy will it be if even then restraint is removed and food is taken to him, or water to allay his thirst. But suppose no restraint is put on at all ? Let the noisy patient’s attention be diverted by being taken into the airing court ; or, at the worst, let him be shut up in his room, the windows well secured, and the bedding removed. In that case we venture to say that in a much shorter time tranquillity will be restored. There will have been no struggle ; and the punishment will leave no rankling sense of mortification ; and the other patients will not be excited. Still, even in this case, the seclusion should not be prolonged. Many times, however, without any seclusion at all, a sensible keeper may so manage a refractory patient, that if the visitor were to return to the ward in a quarter of an hour, he would find the man, whom he would have consigned to restraint, quite tranquil, and civil, and cheerful.

“ In almost every asylum there are patients who will destroy their clothes, and some who cannot, it is represented, be persuaded to wear them. In the latter case we are glad to see M. Esquirol speak in disapprobation of forcibly confining the patient. One of the most unsatisfactory customs in some lunatic establishments is to exhibit these unfortunate creatures strapped down in chairs, and to comment, in moving terms, on their violence. The remedy, M. Esquirol says, is as bad as the evil.

“ Of all the sights that can afflict a humane spectator in a lunatic asylum, none is so wretched as that of the patients who are confined in the wooden boxes, or coercion-chairs (a combination of a close-stool and the ancient watch-box) where they sit from morning to night—nay, we fear, from month to month. So revolting is this custom, that it is difficult to persuade one’s self it can ever be

indispensable. The experience of the Lincoln Asylum, and, more recently, that of Hanwell, with its 800 pauper lunatics, encourages a hope that there are few cases, or none, in which the uncleanly may not be brought to decent habits, and the epileptic guarded, and the furious controlled, by better methods. But to effect these ends, which no superintendent should rest satisfied until he has tried to effect, the keepers must be patient, and very watchful, and sufficiently numerous. We sincerely trust it may be found practicable to abolish from all asylums an invention which we are loth to believe a needful accessory. It is no part of our wish to reflect in such a manner on any parts of the practice in asylums, as to give offence to those whose days are devoted to the severe duties of such places; but it behoves them well to consider what might be done by a more liberal system, as regarded the keepers under them, and to appeal to the governing bodies for assistance towards improvements, which every man of humanity must wish for. There is no passage in the appendix to Mr. Hill's Lecture which we have read with more pleasure than the following: "Ordered, That the chairs used formerly for the double purpose of night-chairs and restraint (long fallen into disuse) be worked up." This working-up, and the formal destruction of iron hobbles and handcuffs, and even of strait-waistcoats, which we notice from time to time in the minutes, constitute triumphs in which we earnestly hope it may be found possible for all superintendents to share.

"One of the items of recent expense, and which became a subject of comment and censure in a large asylum in the neighbourhood of London, was, 'For six deal restraint chairs, £30.' The asylum previously possessed thirty-five. At the present moment there is not one in use in the whole of the institution. Two hundred pounds worth of restraint chairs is thus thrown away. But the poor creatures who sat all day in those disgusting chairs may, it is said, be seen jumping about the wards like liberated children; not yet sure, when approached, that a blow is not coming, and yet shrinking with such expectation, and depreciating the expected cruelty in simple, but touching words; but gradually acquiring confidence, and regaining the almost lost traces of humanity.

"They who endeavour to abolish restraints must be warned that they will find much opposition on the part of keepers and nurses; that formidable bills for panes of glass will for a time be displayed before them; and blankets and counterpanes will be daily torn to shreds and scattered in the air. Periods of more difficulty and of temporary alarm and distrust must be expected, in which the superintendent will dread, most of all, the being driven back to use the old restraints; until experience and patience have devised and strengthened better means of controlling violence and preventing irregularity. To ensure the successful abolition of a system, the cruelty of which is, without all doubt of question, condemnatory of it, there must be substituted, for physical restraint, mental control, vigilant watching, care to repress violence, to allay irritation, and

to heal quarrels. Their superfluous activity must be exhausted by exercise out of doors. In short anything should be tried rather than confinement of limbs, the sure parent of uncleanness never to be cured, and ferocity never to be tamed. And still, for years, the system may not work completely ; for many of the subjects of it will be those who have been already vexed with every kind of restraint ; have danced for days in strait-waistcoats ; have been strapped and howling in bed for weeks together ; or have sate in coercion chairs for months. No system can restore some of these victims. They must live out their lives in misery, whereof no small part has been of man's creation." P. 161.

1840, June.

Extract from the Report of the Directors of the Montrose Lunatic Asylum.

" As the subject of *Restraint* has been recently brought forward in a variety of publications—and especially by Mr. Gardiner Hill of Lincoln, who contends for its total abolition in the treatment of the insane—I conceive it my duty to add a general opinion to these remarks, and it may be delivered in few words. My judgment, founded on many years' observation—and I shall make no pretensions to eminent humanity—is decidedly in favor of that gentleman's views, as either leading to or connected with the safest, easiest, most effectual, and, therefore the best, system of practice for the cure of the deranged. I concur also with him in maintaining that, to render the plan adequate for all desirable purposes, 'several essential requisites must unite.' These are well stated by him :—
 '1. A suitable building must be provided, in an airy and open situation, with ground sufficient for several court-yards, gardens, and pleasure-grounds, commanding (if possible) a pleasing and extensive prospect. 2. There must be a proper Classification of the Patients, more *especially by night*. 3. There must be also a sufficient number of strong, tall, and active attendants, whose remuneration must be such as to secure persons of good character, and steady principle, to undertake their arduous duties. And 4. The House-surgeon must exercise an unremitting control and inspection, in order that the plan may never, under any circumstances whatever, be deviated from in the slightest degree.'*

* "Mr. Hill, in a foot note, most truly says :—'Suicide under this system must be obviated by the constant attention of the House-surgeon to the proper Classification of the Patients *by night*. Those disposed to suicide should always be placed in an Open Dormitory under watch. *Nothing else can prevent suicide under any system whatever.*' For my own part, I do not recollect a single instance of its having taken place *in company*; and I entertain a belief that those who are disposed to perpetrate self-destruction, would be among the foremost to arrest the hands of others who attempted it. The following paragraph, taken from the *Morning Chronicle* of 3rd June last, though brief, affords a striking illustration of the difficulty experienced, under ordinary arrangements, in preventing such horrid deeds :—

" 'Suicide of a Female Lunatic in Bedlam.—Last evening, at seven o'clock, an inquest was held before Mr. Payne, in the board-room of Bethlem Hospital, St. George's Fields, on the body of Jane White, aged forty-five, a lunatic, who committed suicide by hanging.'

1840, October.

Extracts from the Fifty-fifth Report of the Visiting Justices of the Hanwell Lunatic Asylum.

" In addition to the ordinary labours of the Committee for the coming year, their attention will be called to the subdividing of the refractory wards, so important for the right and easy management of the troublesome and violent.

" Fifteen months ago the proportionate number of Keepers and Nurses in the Asylum were to the Patients as 1 to 25 or 4 to 100, a number remarkably small under any system. They are now as 1 to 18 or $5\frac{5}{8}$ to 100, the lowest number with which the system can be carried on. Taking the wages of a Keeper at £25 per annum, a Nurse at £14, and the board of a Keeper and Nurse at 10s. per week, the additional annual expense is $3\frac{1}{4}$ per week.*

" When it is remembered that this is the only additional expense which legitimately belongs to the abolition of the old system of bodily coercion and instrumental restraint, and the substitution of the humane and enlightened treatment which the Resident Physician has so successfully introduced, the Committee

Harriet Broady, one of the female keepers, said, deceased came first under her notice on Monday evening, when, on account of her uncleanly habits, she was removed from her regular ward to a cell on the basement story. Witness put her in a strait-waistcoat, and she appeared very restless and melancholy. Witness had no difficulty in putting on the strait-waistcoat, and shortly afterwards she was placed in her bed. Witness saw no more of her until between six and seven o'clock yesterday morning, when, on unlocking her cell door, she discovered her suspended, by means of the strings of her strait-waistcoat, from a piece of iron that fastened a pipe for carrying off the rain, a part of which pipe ran through the corner of the cell withinside of it. The House-apothecary was instantly called in, who cut down deceased and pronounced her dead. By the Coroner: the waistcoat was put on properly, and secured in the usual manner, yet deceased contrived to get out of it. Deceased was also fastened down to her bed by a species of web-strapping, which she snapped asunder. By a Juror: It is usual to lock up refractory lunatics for ten or twelve hours together, and not visit them during that period for fear of exciting still more their passions. Ann Thomas, another keeper, said, deceased had been under her care since February last, when she was first admitted from Stratford St. Mary's, Suffolk. She was always in a low desponding mood, and was esteemed the most inoffensive patient in all the hospital. Ann Powell, another nurse, said, the waistcoat was put on at her suggestion, after having reported the case to the matron. She was positive that the waistcoat was properly secured. The Governor said that there had happened in the hospital only eight cases of suicide in the last twenty-five years, which was entirely owing to the extreme vigilance of the keepers, whom the patients were continually watching, to try and find an opportunity of destroying themselves. Verdict—Insanity."

* " If the proportion of Keepers and Nurses be as 1 : 25, an establishment of 900 Patients will require $900 \div 25 = 36$ Keepers or Nurses. The same establishment, if the proportion be as 1 : 18, will require $900 \div 18 = 50$ Keepers or Nurses, being an increase of 14.

7	Keepers' Wages at £25 per annum	£175
7	Nurses' ditto at £14	98
14	Keepers' and Nurses board at 10s.....	364
		£637

" Which sum of £637, divided amongst 900 Patients, is equal to 14s. 2d. per Patient annually, or $3\frac{1}{4}$ d. weekly."

are satisfied, that the impression of the Bench will rather be that of wonder at the insignificance of the amount, than surprise that such increase should be necessary. As Lunatics are incapable of self government, they must be under the control of manacles or personal watchfulness, and it is not denied that the former is the cheaper mode; but an improved dietary, additional clothing, more frequent changes of linen, and other ameliorations of their unhappy condition, however likely to be attendant upon a system based upon the principles of humanity and kindness, and however jealously to be watched, lest they exceed a proper limit, are not necessarily attendant upon the abolition of instrumental torture, nor fairly to be classed amongst the expenses which it causes.

"Without presuming to cast any censure upon other Asylums, public or private, where they who have the medical superintendance of the insane conscientiously believe they can only be ruled effectually, when labouring under mental and bodily excitement, by severity and coercion, the Committee cannot refrain from appealing to the testimony, founded on the most extensive practical experience, of their Resident Physician, and to the successful example of Hanwell. Without denying that severity, if it be but carried far enough, may be effectual in striking terror into the poor Maniac, and so subduing him, it may be doubted, whether such a conquest will not in many instances be made at too great a cost. But at all events, in this Report, other ways are pointed out, not revolting to humanity, of avoiding all harshness towards Patients during their maniacal paroxysms, with equal, and perhaps it may be thought, with better effect, than by the use of coercion-chairs, chains, or leg-locks.

Extracts from the Second Report of the Resident Physician.

"SUICIDE.—No event creates a more uncomfortable feeling in the mind of the Director of a Lunatic Asylum, than the introduction of a patient apparently determined on Suicide. In this large Asylum, several such cases are admitted in the course of a year. They generally come to us in merciless restraints, bound with cords, secured in any manner within the reach of the terrified friends and neighbours. Nine Suicidal cases are amongst the admissions of the past year. It affords gratification to the Physician to be enabled to state, that in all these cases means have been found to soothe and comfort the minds of the patients, and, apparently, to reconcile them to life. Their restraints have in all cases been immediately removed, and in no case resorted to again. They have been watched, so long as it was deemed necessary, during the day, placed in rooms with other patients by night, and frequently visited. Every instrument of danger, or obvious means of self-destruction, has been kept out of their way; and no measure likely to restore cheerfulness has been omitted. It is impossible for attention to these patients to be too vigilant, but not at all impracticable to establish such systematic vigilance on the part of the officers and attendants as will afford security. To

tortment these unhappy patients with bodily restraints, would only fix the morbid determination more deeply in their minds.

" One embarrassing circumstance with respect to suicidal patients is, that the propensity is often suddenly developed. It may appear dormant for years, and the patient's general conduct be so rational and orderly, as to be almost implicitly trusted, and yet in a moment, the fatal act may be committed. Habitual watching of such patients, and the employment of them according to their respective inclinations, added to the mere impression on their minds, that they are watched in the Asylum, seems to counteract the propensity effectually in some cases. Severity and bodily restraints are not only likely to exasperate the patient, but can generally be eluded where there is a strong disposition to self-destruction.

" It is a very general error to class all cases in which patients for a time refuse their food, as cases of a suicidal character. Even in cases in which the obstinate determination not to take food is said to have been carried to a fatal excess, it is doubtful if the intention has always been to destroy life. Cases of refusal to take food are, however, always productive of great anxiety. Considering the number of Lunatics at Hanwell, such cases may, happily, be said to be rare. The aversion to food in some patients is found to be periodical; coming on in the course of a maniacal paroxysm, and declining with it. In other instances it repeatedly occurs for a few days, alternating with as many days on which food is taken with eagerness. In a great many instances it is the evident and natural result of a highly disordered stomach; or it is one of the many symptoms of declining power, of which the first attack of the mental disorder was but the first in the series. In a few cases it arises from an impression on the patient's mind, that the food is poisoned. In some, the objection is the supposed cost of the food. In all these cases, nothing is more hurtful than the employment of force. Persuasion and very patient efforts commonly overcome the difficulty. These means must be aided by changes of diet; by changes of place; and by all the resources of moral treatment; aided by such medicinal means as are practicable.

" During the past year, not one instance has occurred, in which the Resident Physician has thought it advisable to resort to any of the forms of Bodily Coercion, formerly employed. The use of the strait-waistcoat, the muff, the restraint-chair, and of every kind of strap and chain designed to restrain muscular motion, was discontinued on the 21st of September, 1839, and has never been resumed. The practice of fastening the Epileptics, exceeding 100 in number, by one hand to their bedsteads at night, was gradually put an end to about the same period. After the liberation of some from this nightly restraint, the keepers and nurses, apparently satisfied with the results, discontinued the practice by degrees; and no inconveniences have followed, calculated to justify a return to it. Some epileptics spring out of bed during the fit; and for these very low beds are used; and sometimes a second mattress is placed by the side of the bed on the floor.

During the day, notwithstanding the most watchful attendance, epileptics are liable to injury by falls, especially those who invariably fall on the face. But alert attendants very much limit these accidents.

" The management of the patients without bodily restraint has been applied to 1008 Lunatics ; and has been acted upon for more than twelve months ; and it has thus far been found practicable to control every variety of case, without any fatal accident, or serious outrage, having occurred. For a time after perfect freedom of action was given to every patient in the asylum, some of those who were not accustomed to this indulgence, abused it by breaking unprotected windows, and by tearing clothes and bedding : but this destruction, which is known to be very great in Asylums where restraint is much resorted to, has been much limited by contrivances which baffle the patient, without producing irritation. Even the stuffed gloves mentioned in the Physician's last Report as resorted to in some cases, in which the patients were accustomed to strike others, were found to possess so many of the disadvantages of restraint, that they were discontinued after a short trial. They were chiefly employed on the Female side of the house ; and the report of the nurses concerning the patients to whom they were applied, as well as those who for the same reason perpetually wore leg-locks, is, that they are less combative and dangerous than they were before.

" Any contrivance which diminishes the necessity for vigilance, proves hurtful to the discipline of an asylum. Physical restraints, as they rendered all vigilance nearly superfluous, caused it to fall nearly into disuse ; and, in proportion to the reliance placed upon them, innumerable evils of neglect crept in, which cannot exist where restraint is not permitted.

" Habitual intercourse with the insane cannot but impress those, the most zealous for giving extended exercise for Moral Treatment, with the conviction, that the only prudent course with a Lunatic during a state of violence, is to interfere as little as possible. Danger and mischief must, of course, be guarded against ; but direct interruption is not always practicable ; reasoning produces fresh irritation ; contradiction commonly exasperates ; and violence leads to injury, or leaves a lasting feeling of sullen resentment. Perfect calmness of demeanour and countenance ; forbearance from sharp rebuke ; the occasional interposition of a soothing word, or of an idea that may divert the patient's thoughts ; are not only the most useful measures at the time, but make some impression on the Lunatic himself. A few broken expressions, in the midst of his violent talk, will sometimes indicate, to those accustomed to analyze such vehement language, that he knows what is said to him, and in what manner it is said. His subsequent references to the interview often leave no doubt of it.

" Sooner or later, calmer hours and days occur ; and it is in these intervals that all the resources of Moral Management may be applied ; and that the practitioner must avail himself of the degree of intelligence then manifested by the patient, and of the remnant of the affections that survives. Nothing must now

be omitted that can have the effect of gaining the patient's entire confidence. On the accomplishment of this point, every thing, in the future control of the case, turns.

" Among the obstacles to the acquisition of this entire confidence, none is found practically to be so great as any previous manifestation of anger, or even of irritability. The imposition of severe and immediate restraints, resorted to with such feelings, and answering a mere temporary purpose in a coarse, mechanical manner, has a tendency to render all the higher parts of treatment forgotten in most cases, and in others, difficult and impracticable.

" Misled by the lingering prejudices of great authorities, the Resident Physician for a time believed, that cases in which it was judicious to assume a tone of severe displeasure and command, and to enforce obedience which persuasion had failed to effect, were of frequent occurrence. On reviewing instances of this kind calmly, he has always become convinced that patience, a little longer continued, would have been preferable. He has generally found the confidence of the patients for a time much shaken by violent attempts to control them; and it has sometimes only been regained after many weeks. Since the abandonment of the authoritative manner, except in very peculiar cases, (in which it requires to be employed with the utmost composure and appearance of solicitude,) he has repeatedly found that violent patients may be persuaded to go into their rooms and be quiet, although half-a-dozen attendants would find it difficult to force them into such salutary seclusion. The success is greatest with those, who have never been subjected to bodily restraints. In old mismanaged cases, the temper is rendered more irritable; and the mind more suspicious. Yet even in these inveterate examples, in which patients, long after coming to the Asylum, have always appeared on the borders of frenzy, to which a word would drive them, the advantages of long continued gentle treatment have been at length plainly discernable. Each successive attendant upon such patients, has assured the Physician that no other kind of treatment has had any good effect upon them. The Physician speaks from repeated observation, when he says, that no favorable impression could be made upon these patients, so long as restraints were either resorted to or threatened. Yet in these patients the mere mention of restraint was often observed to cause the patient's face to become deadly pale: an evidence of its efficacy as a punishment; standing quite apart from any proof of its efficacy as a means of moral control. The spectacle, in these cases, when the strait-waistcoat was determined upon, was most distressing. There was a violent struggle; the patient was overcome by main force; the limbs were secured by the attendants, with a tightness proportioned to the difficulty they had encountered, and the patient was left, heated, irritated, mortified, and probably bruised and hurt, without one consoling word; left to scream, to shout, to execrate, and apparently to exhaust the whole soul in bitter and hateful expressions, and in curses too horrible for human ears.

" It was impossible to view these things, almost daily occurring, without resolving to endeavour to prevent them. Occasionally, peace was restored by the sudden and unexpected removal of the restraints; and at other times, restraints were allowed to remain on until the patient became quiet, or sullen. In the first case, good was sometimes done; in the second, none ever resulted. By degrees it was found that by refraining from restraint, although it was still alluded to, the patient felt that an obligation had been conferred; and would promise good behaviour, and, for a short time, maintain it. But it was not until restraints had for many months ceased to be seen in the wards, that tranquil conduct of any duration was observed in these patients. Some of them have now proved capable of removal to the quieter parts of the Asylum; after having been long considered the most hopeless patients in the house. Their malady is incurable; but it appears to have lost some aggravations resulting from years of mismanagement: for some of these patients are now middle-aged; became insane in the prime of life; and were sent here after being in many Lunatic Asylums.

" In every step that he has taken, your Physician has but been acting on the principles laid down in the pages of Pinel and Esquirol; extending their application a little, and leaving out a few of what appeared to be old errors still adhering to the systems even of those accomplished and philanthropic practitioners. As far as possible from the wish to surprise by a sudden alteration of treatment, he has but preserved, and carried a little further, the best parts of a treatment already established, and known to every medical man of education. Pinel's work abounds with observations of regret, that it should be so difficult to have recourse to measures of severity, and to retain the patient's confidence. He records, that when Lunatics were relieved from chains which had bound them for twenty or thirty years, they became less dangerous to approach; and their days and nights became tranquil, which had before been one continual tumult and din. Esquirol, following Pinel, and after forty years' experience, observes that many accidents have diminished in frequency since severities have been relinquished in Asylums; and is so convinced that severe measures destroy the confidence of the patients, as to advise that the Physician himself should abstain from any apparent participation in such measures, and have under him a kind of minister of terror, upon whom such repulsive office should devolve. If the Resident Physician at Hanwell has ventured to think that the severities, which both these great observers avow to be creative of the most serious obstacles to attempting a successful moral treatment, may be dispensed with, with safety, and with the effect of ameliorating the characters of insanity, he may add that he has himself come in no haste to this conclusion; but after many years of observation, and habitual reflection on the varieties and management of insanity, preceding a residence amidst 850 Lunatics.

"SECLUSION.—All the substitutes for Restraint are, like Restraint itself, liable to be abused ; but none can be made such instruments of cruelty by abuse. All are also liable to great misrepresentation : and none more so than that which is of all the most useful, the most simple, and the most approved of by the highest medical authorities ; namely, Seclusion. By Seclusion is meant, temporary protection of the maniac from the ordinary stimuli acting upon the senses in the Refractory Wards of a Lunatic Asylum. He is abstracted from noise ; from the spectacle of a crowd of Lunatics ; from meeting those who are almost as violent as himself ; and from every object likely to add to his irritation. But the mode in which Seclusion is effected, is also important to securing the benefits of it. If resorted to with violence, if accompanied with expressions of anger or contempt, if stigmatized as a punishment, and if followed by neglect, it may produce all the evil moral effects of Restraint itself. If injudiciously persevered in, in very recent cases, it exasperates instead of calming. The patient requires freedom of action ; is relieved by strong muscular exercise ; and this should be provided for by such a sub-division of Airing Courts as would leave one for the occasional use of a single patient, at least for a few hours in the day. After being indulged in active voluntary exercise for an hour, two hours, or such period as may seem desirable, the patient should be secluded. Calmness and sleep will sometimes follow ; or sufficient tranquillity to enable the attendants and officers to talk to the patients with effect.

"Under the system of Restraints, when a patient became noisy and violent, and particularly when some mischief had been committed by him, it was considered necessary, and it was the usual practice to overpower him, and to put him in some kind of strait-waistcoat. This was done with great difficulty, and with much danger to the attendants. Observation has convinced the Resident Physician that this was a useless, and even hurtful mode of management. It was like endeavouring to smother a fierce fire by heaping very combustible materials upon it. A Maniac in the midst of his paroxysm, like a man in a violent fit of passion, should be interfered with as little as possible. The violence which, if met by violence, will become still more aggravated, will often, if left to itself, subside even in the course of five or ten minutes. Whatever the duration of the violent accession, its continuance is a bar to any thing but such management as protects the patient and those about him. It is in intervals of calmness that the foundations of moral treatment must be laid, and the confidence of the patients gained. To acquire this confidence is the key-stone of all moral treatment ; and nothing will so much oppose its acquisition as brutal or even impatient usage during the paroxysm.

"There are many patients subject to paroxysms of excitement of about a week's duration, who, of their own accord, will keep in their rooms at such a time ; and who, although the door is not locked, will seldom offer to come out. There

were no patients more injured by the imposition of Restraint than these : the character of some of them, even during their most excited state, is improved since its discontinuance ; and, at other times, instead of being a terror to the attendants and the officers, they are among the most affectionate and grateful patients in the house.

“ The Resident Physician dwells more minutely on Seclusion, because he considers it as one of the most important of curative means, and as one of the least objectionable substitutes for every kind of restraint. It is open to no objection which is not doubly applicable to restraint. All the possible evils of Seclusion were included among the innumerable evils of bodily coercion. Whilst the patients, who were permitted to walk about in restraint, were still capable of inflicting injury upon others, they were not protected from causes of irritation, or from the attacks of other patients. When put in Seclusion, it was a seclusion which did not tranquillize. The arms or the hands were closely confined to the body ; or the arms, or the legs, were strapped or chained to the bedstead ; or the head was confined by a strap round the neck. In this state they were left for days or for weeks, in the most miserable condition in which a human being could be placed ; and often to the total ruin of all habits of cleanliness. The patients themselves, who now come to us from other Asylums, reported, ‘ Violent and Dirty,’ sometimes remark, that they could not be otherwise than dirty when they were chained down in a deep bed like a trough. The same patients, being freed from all Restraint the moment they arrive at Hanwell, seldom prove dirty, and not always violent.

“ To obviate every objection to Seclusion, all the resources of the Non-restraint System must be brought to bear upon it. The destruction of bedding and of clothing should be prevented by bedding properly secured in ticking covers, strongly sewed ; and by clothing of the same material, fastened by small locks instead of buttons. If the patient will not lie in bed, warm boots, similarly fastened, should be constantly worn. So important do even trifling matters become as auxiliaries to this kind of treatment, that it may be right to mention, that the ticking should be of the best and strongest manufacture, and carefully sewed with the strongest thread ; or, in the case of Male Patients, with twine. Without proper precautions of this kind, the attendants will very probably report that the dresses and blanket-cases are useless. The attendants should be continually exhorted to watch for all favorable opportunities, to get the patient out of his room and into the open air : and the cleanliness of his apartment and person, and the proper administration of food to him, should be most scrupulously observed.

“ All proper Medical means are compatible with this treatment : and although some cases must be expected to be much more troublesome than others ; although, indeed, it is known to all familiar with Insanity, that there are cases, in

which more or less maniacal excitement will continue for six, eight, or ten months ; yet under this treatment, the management of such cases will be found less distressing ; the temper and habits of the patients more controllable ; and the return to reason steadier, and made with more gratifying circumstances, than where the confidence of the patient has been shaken, and the excitement of the malady aggravated, by violence of any kind whatever. From the statements then made by the recovering patients, the Superintendent will learn, and having learned, ought never to forget, that every act of violence, and every word of irritation, that every injudicious expression, of which the attendants were guilty, or into which he himself was betrayed, during the most excited period of the patient's malady, remains recorded in the patient's mind ; and that no act or word of kindness, no remission of severity, no little indulgence, no encouragement held out to the poor sufferer, passed unregarded.

" Some patients, but fortunately not a great number, have a disturbing habit of getting up and knocking at the door of their rooms. This habit may generally be broken by some of the little attentions already spoken of. In obstinate cases, padding the inside of the door has a good effect. All patients, who are much out of bed at night, are provided with such clothing for the body and feet, as to prevent their suffering from exposure. Most of them, it is probable, suffer some uneasiness in the head when lying down ; and to compel them to do so, if practicable, would be extremely cruel. Only the most rigid bodily restraints could, indeed, produce the effect : and, with such treatment, the patient would be subjected to much torture ; would still contrive to kick off his coverings ; and would occasion as much disturbance by knocking against the sides of his bed, as he could by knocking at the door.

" There are, and always must be, many nights in the course of a year, in which the Wards assigned to refractory Patients, are much more noisy than has been described. A single noisy patient with a loud voice, can disturb the rest of forty or fifty ; several of whom become irritated, and answer him as loudly again. The general treatment laid down for the patients during the day, and the administration of a bath and a sedative at night, with other measures differing in different cases, will generally prevent this evil being prolonged for many nights in succession. The smaller the Ward, the less inconvenience, generally speaking, is felt in the management of these cases ; which are commonly recent. Bodily restraints have not the slightest influence over them ; except to make them worse.

" The use of the Douche, or descending column of water, has latterly been seldom resorted to. It appeared, in several trials, to produce no good effect beyond that of the Shower Bath, and to distress the patient much more.

" M. Esquirol subjected himself to the Douche ; and he describes the sensation as very painful ; resembling the continued breaking of a column of ice on the head, followed by a feeling of stupefaction, which lasted an hour afterwards.

" It is of much consequence to observe that, in whatever Asylum it is determined to abolish Physical Restraints, several inconveniences must at first be experienced. There must be numerous adaptations to the new system. Under the restraint system, bad conduct is first permitted, and then punished: under the other it is prevented. Under one system, coercion of the body is relied upon in every emergency: under the other, numerous resources must supply its place.

" The mere liberation from restraints, although it will prove a measure of extensive operation in a large Asylum (concealed or slight habitual restraints being generally numerous where severe restraints are tolerated), is only a small part of the undertaking. The security and good behaviour of the patients must then be placed in entire dependence on the constant watchfulness and care of the attendants; and a system of treatment be substituted for the restraint system, sustained by the cheerful co-operation of every officer; so that the whole government of the house may become kind, protective, and, as it were, parental. For the completion of such a plan, therefore, a united household is indispensable. No one is qualified to be an officer, a keeper, a nurse, or a servant in a Lunatic Asylum, in which such a plan is pursued, who is not able and disposed to make every part of personal conduct more or less conducive to one great end—the comfort and cure of the lunatic inmates.

" When restraints are to be discontinued, it may be found, for the first time, that there is not a room in the Asylum properly adapted to the safe-keeping of a violent patient; not a shutter that can be properly secured: no ward door that cannot be opened without a key; nor any clothes or bedding that cannot easily be torn. The Attendants may be too few in number; at once severe and slovenly; inefficient to the duties of guardianship devolving upon them, and unprepared either to prevent any accident, or to remedy any evil, when denied the support of restraint upon which they constantly leaned. The new system must also be much dependent for success, in a large institution, on the Officers acting under the Physician. Accustomed to witness all the abuses of restraint, and distrustful of other expedients, they may be prone to neglect other resources, and even the prompt application of remedial means; and their negligence will lessen the confidence and alacrity of the attendants. No superintendent, desirous to give the system an effectual trial, must be discouraged by these circumstances; or even by finding that all his substitutes for restraint are, for a time, represented as more objectionable than restraint itself.

" Lastly, the Resident Physician would observe, that, with every advantage, it would be presumptuous to say that bodily restraints may be abolished in every instance from every Asylum. Physicians of other countries, after seeing Hanwell, have expressed their doubts of the possibility of applying the plan of Non-restraints to the Lunatics of their own; in consequence of peculiarities of character, which they conceive are not met with in this part of England.

"One general error, also, seems to pervade the minds of those, who most severely condemn the abolition of restraints: they always assume that, if one kind of violence is discontinued, some other kind of violence must be substituted for it. It is scarcely possible to show by words the various means by which difficulties, the mere imagination of which alarms those not familiar with the Insane, vanish before the patience, firmness, and ingenuity of officers, who are determined that no difficulties shall be regarded as hopeless, until every effort has been tried. Those who are really interested in the subject, and anxious to act upon the principle of Non-restraint, should be witnesses of the instructive examples presented every day and night in institutions, in which restraint is not resorted to.

"The Resident Physician cannot but repeat, as a circumstance requiring constantly to be guarded against, that officers and attendants who have been accustomed to rely upon restraints, are apt to exhibit an apathy and want of resources in difficulties; and that their statements must be received with the utmost reserve. Patients who have sunk into a partial imbecility of mind, are well known to become utterly regardless of personal cleanliness; and will sometimes swallow any kind of dirt and nastiness. Amidst the numerous and obvious means of preventing this, the attendants never think of any but one; and that is, restraint. Deny them the strait-waistcoat, and they let such cases take their chance. No decent precaution, no attempt to encourage cleanliness, no device for obviating what is disgusting, presents itself to their minds; and a disposition may exist to represent such cases as illustrations of the wildness of the attempt to banish bodily coercion. In some very recent instances in this Asylum, supplying these unhappy Patients with a little bread at bed-time, was resorted to by the Resident Physician; and the Patients have since been reported as having relinquished the practice, previously represented in a manner to give him the greatest uneasiness."

1840, October.

*Extracts from the Second Annual Report of the Committee of the
Northampton General Lunatic Asylum.*

"When we read the particulars furnished to us in their [the Patients'] Certificates for admission, we are at first led to apprehend, that nothing can possibly avail for their safety or recovery, but a continuance of those coercive restrictions, which have hitherto been deemed indispensable: and the mind recoils with alarm (as from the thought of letting loose so many wild beasts upon society) at the suggestion of liberating the Maniacs of either sex, without manacle, without chain, strap, or the strait-waistcoat. What then is our astonishment at learning, that, of all this assemblage of Lunatics, one individual only, during the eight last months, has been subjected (beyond temporary confinement in his room or the

seclusion of a separate airing-ground) to any species of mechanical restraint? That one solitary exception was a new Patient, brought into the Asylum, January 27, in a state of intoxication, during the absence of the Superintendent; even he was so coerced for one half-hour only, his confinement having been at once withdrawn upon the Superintendent's return.

" This Asylum was inspected, October 13, 1839, by Mr. Samuel Tuke of York, one of the principal directors of *The Retreat* there established: his remark recorded in the Visitors' Book, is as follows:—‘ I have visited this Establishment with much satisfaction. The entire absence of restraint, with the general prevalence of order and quiet, is very striking. The number of Men employed equals that of the Establishments, which have carried this system to the highest point.’ Another testimony to the same effect is supplied in an extract from a letter from Mr. Frederick A. Packard of Philadelphia: ‘ My unqualified opinion of your system of management, so far as I could see its results, was in its favor. I have since visited St. Luke’s Hospital, where I learned that there is a division of opinion respecting the two systems of restraint and non-restraint. I cannot doubt that yours is the True system, and will ultimately prevail. I was so much struck with the order and admirable management which I saw, that I have urged my friends Mr. and Mrs. Rogers, who are from Boston in the United States, to visit your Institution; and they will enter with much interest into all your views.’

" To those of us indeed, who, from actual observation or the information derived from books, are acquainted with the degree and modes of coercion formerly adopted in the generality of similar Institutions, and still in great measure retained in some of them,—the contrast here presented (displaying rather the quietude and contentment of an Infirmary, than the restless excitement and exasperation and lurking wiliness of a receptacle for Maniacs) is no less astonishing than it is gratifying to our better feelings: and so much the more, as it exhibits not only a diminution of positive misery, but also essentially contributes to the convalescence of the Patients.

" But to what perfection of management is the success of this freedom from imprisonment to be attributed? Unquestionably to that kindness of intercourse on the part of the Superintendent, Matron, and Attendants, which inspires confidence and affection: to that unwearied watchfulness and shrewdness of intellect, which detects the rising paroxysm in its first symptom; and to that promptness of decision, by which the remedy is instantly and therefore effectually applied. This vigilant surveillance is much facilitated by the *great number* of the attendants (who are at the rate of about one to every ten patients) and by the variety of airing-grounds, which gives the opportunity of separating the disorderly from the more tranquil, without depriving them of liberty or of the benefit of air and exercise. This system constitutes (it may be said) one of the chief merits of our able Superintendent, under whose mild treatment the vast and complex machine

is made to work with smoothness and regularity, as if there were in it no principle of disorder, nor element of conflict."

Extracts from the Medical Superintendent's Second Annual Report.

" 'The total abolition of restraint' is held to be, '*only a part* of a great system of kind and preventive treatment, in which all excitement is as much as possible avoided, and no care omitted.'

" At the opening of this Establishment, [*] every patient was set at liberty immediately after admission; and his subsequent treatment regulated by the result. This course was adopted, not from an idea that restraints could be dispensed with,† but, that so complete a severance from old associations afforded fitting opportunity for the creation of new impressions, favorable to general improvement. The experiment was attended with some few outbreaks, evidently springing from the remembrance of past grievances, and a consequent distrust of unaccustomed professions; but these soon subsided, placing the advantages obtained in so conspicuous a position, that the *attendants* became no less anxious than their superiors, to extend its operation.

" The quoted statements in the following cases, are by the resident officer of the institution from which the patients were removed:—

" J. S.—' Subject to epileptic fits, very violent and malicious, will fight, kick, and bite; not to be trusted with any safety to the attendants.'

" S. L.—' In every respect as bad as J. S., but *worse if possible.*'

" When these men were admitted, their legs were confined by heavy irons, which barely allowed one foot to be shuffled a few inches before its fellow; and their wrists by figure of 8 handcuffs. The son of the officer before mentioned refused to take these instruments away with him, upon learning that we were unprovided with substitutes; declaring that he should consider himself personally answerable for our lives, were the patients set at liberty. They were taken out of restraint at bed time, and have not been coerced for nearly two years. The first became so useful to the attendants, and apparently trust-worthy, that he was permitted to have a pass key: this privilege he some months after forfeited by going home, but he returned voluntarily on the second day. He is remarkably humane to his fellow sufferers, and exhibits no traces of the dangerous disposition which he once possessed.

" The other, when able, works at his trade as a tailor; but he suffers considerably from frequent and violent attacks of Tetanic Epilepsy, to which he has been subject for 13 years. It is utterly impossible to describe the sullen and ferocious deportment of this man, when first admitted: he appeared to thirst for blood, and

[* Opened August 1st, 1838.]

+ "The writer [Dr. Prichard] was not aware that any attempt had been made to attain this object, until five months after the period mentioned."

his attacks were as unprovoked as they were formidable. The maniacal excitement now exhibits itself by singing and laughing : he may at all times be managed without difficulty, but severity of tone or manner would instantly produce angry feelings.

“ S. M.—‘ Violent and dangerous to the Attendants, has never yet been without personal restraint (59 weeks), destroys her clothes, and is very dirty and obscene.’

“ A powerful, masculine young woman, with a repulsive and cunuing expression of countenance, and a badly developed cranium. Her legs were confined by irons, precisely similar to those in cases J. S. and S. L. ; but the hands were fastened by handcuffs, *behind her back*. She was considered so formidable, that the Matron of the Establishment from whence she was brought, warned the attendants not to approach her incautiously, as she was in the habit of attempting to crush others between herself and the wall. At supper they were requested to give her a spoon, as, *from practice*, she was able to feed herself, although the hands continued to be fastened as before described. On going to bed the instruments were removed, and the following day was principally passed in scouring. Within the fortnight she was industriously employed making shirts for the male patients, completing three in the course of a week : her recovery gradually ensued, and at the expiration of eight months she was discharged, having, during the whole of that period, enjoyed perfect liberty.

“ T. S.—‘ A brickmaker and rail-road labourer : Insanity hereditary : exciting cause drunkenness. About 33 years of age, 5ft. 8 or 9 in. high, body and limbs excessively powerful and muscular, the head very small, narrow, and tapering peculiarly towards the top, so as to give a triangular shape to the forehead ; the hair dark and wiry ; the eyes small, deeply set, and closely approximating, with a singularly leering or squinting expression ; the cheek bones high, and features large, particularly the mouth. The countenance, as strikingly characteristic of madness as any the writer ever witnessed. This man had been repeatedly insane, having been an inmate of St. Luke’s, a County Asylum, and some private Establishments. From one he had escaped by breaking a hole through the wall ; in another, he boasted of having fractured the ribs and collar bone of one of the keepers. He had once cut his throat, and had attempted to destroy an employer with a scythe.’

“ He was brought in, free from restraint, but had been seen a few weeks previously by a Governor of this Institution, in company with the writer, in a state of coercion, the most complete and effectual, that could possibly be resorted to. Soon after his admission, he declared that he had never yet been conquered, and set us all at defiance ; his conduct at the same time becoming so outrageous as to compel a recourse to the severest measures. A powerful young man of one or two and twenty years of age, to whom a lunatic had, but a month before, been an object of curiosity, being our only male attendant ; the character of the patient, as well as of the difficulties against which we were contending, rendered the coercion of this individual imperatively necessary.

" During the paroxysms, he was apparently conscious of every thing that was said or done around him : so much so, as to induce a belief that he was enacting a part. Nothing was more grateful to him, than to be noticed, and, did he succeed in giving rise to laughter, astonishment, or alarm, by his grimaces and assumed fury, he would grin with evident and malicious satisfaction. At these times there was a peculiarly offensive effluvium from the skin, his appetite was depraved and voracious, nor was he ever to be discovered sleeping. During the day he was continually spitting, cursing, or making use of the most disgusting language. At night his howls could only be compared to those of an assemblage of wild beasts ; they were heard for a considerable distance from the Asylum, and effectually disturbed the rest of every one of its inmates, no matter how remotely located. To this he added the most destructive propensities : steel handcuffs, chains, and, in fact, every instrument of restraint employed, were quickly destroyed. Bedsteads of great strength were made expressly for him, but eleven were rendered useless, before one could be met with sufficiently massive to baffle his efforts. On one occasion he burst open his cell door, broke the iron frame of a window, nearly demolished an out-house, wrenched some doors down, and smashed so much glass before he could be secured, that, by the destruction of that one night, the Institution must have sustained a loss of nearly £20. On another, he struck at the writer with a spade, so vehemently as to cut through a thick Dahlia stick, that was hastily raised to ward off the blow.

" Having persevered for some months in the ordinary system, and finding that cocrcion but increased the cost of treatment, it was at length discontinued. It soon became apparent that this change was not altogether agreeable to the patient; he had never resisted the imposition of instrumental restraint, and he now repeatedly endeavoured to irritate us into a resumption of its use. This circumstance strengthened our resolves ; by degrees his paroxysms became shorter and less frequent, the work of destruction more and more distasteful, and eventually it was altogether abandoned. He became extremely industrious, was an excellent labourer, and would usually do more work than any two or three men upon the premises. After a probation of several months he was discharged as recovered ; before he left he declared his belief, that he should never have another attack, and has continued in health for nearly a year. He also stated that, when at the worst, he was ever conscious of his conduct, and sensible of its impropriety and folly ; but that he was urged on by an impulse he could neither describe nor withstand, that he felt a delight and glory in following its dictates, and he could only account for his feelings by supposing that he must, at those times, be possessed of the Devil.

" T. H.—' Described as exceedingly dangerous : having so frequently made violent and wanton attacks on the keepers, that it was unsafe to leave him *one moment unrestrained.*'

" He was set at liberty, and, together with seven of his companions, travclled

very peaceably in an Omnibus to this Asylum, the journey extending over a distance of more than 60 miles. At first he appeared deeply impressed with the notion that he was a man to be dreaded, and, on more than one occasion, exhibited a wish to alarm his new associates and attendants, by antics and extravagances that produced an effect directly opposed to his intentions. On making these discoveries, being in reality of a cowardly disposition, and his physical force of a very inferior character, he quickly degenerated into a very orderly inmate. He is fond of reading, and scribbling doggrel rhymes; and, being supplied with the means of indulging these tastes, his effusions sometimes occasion much amusement.

“ The removal of this man and his fellow sufferers, arose out of the representations made by the parochial officers, who visited him at his previous place of confinement. These individuals stated to the local authorities, that they found him in a state of nudity; lying on wet and dirty straw, chained by one wrist and ankle to the bedstead, and that from the appearance of his person, apartment, and bed, they conceived that the two former could not have been cleansed, or the latter exchanged, for some length of time: and also, that it was necessary to empty his mouth* by means of a spoon and some water, before he could reply to their questions.

“ If the foregoing cases are admissible as proofs that restraint was unnecessary, as a defence against the dangerous, others equally apposite might be adduced, of its inefficiency as a moral instrument. Where a depraved or perverted will existed, it was experienced that coercion usually rendered it more obdurate; individuals not unfrequently derided and defied all mechanical agency, its imposition appearing rather to increase and strengthen the exaggerated notions of self-importance in which they indulged: whilst others exerted redoubled energy in the work of destruction, as well to gratify a morbid predilection, as to express their contempt of the means employed to subjugate and control them. These however were reduced to order, and in some instances restored to health; not by increased restriction, but by its entire removal.

“ Amongst the earlier admitted, were some who occasioned much anxiety by frequent attempts to maim and injure their persons: this disposition has entirely ceased. There were others also, whose dirty habits appeared invincible, but many of these have been reformed, and all improved: nor has the first ever occurred in recent attacks, nor the latter become permanent where originally present. Yet the former cases ‘had long pined’ under restraint: by the others it was totally unknown.

“ Nor can it maintain its ground, as a protection of the patient against himself. At a Coroner’s inquest, recently held on the body of a lunatic, evidence was brought forward, that ‘the waistcoat was put on properly, and secured in the usual manner. Besides, deceased was fastened down to the bed by a species of

* “ Its contents can be better imagined than described.”

web strapping :’ it being ‘usual’ however, ‘to lock up refractory patients, from 10 to 12 hours together; and not to visit them during that period, for fear of exciting them ; on unlocking her cell door betwen 6 and 7 o’clock the next morning, the witness discovered her suspended by the strings of her strait-waistcoat.’

“ Before the total abolition of restraint was effected, the patients in this Institution on many occasions destroyed the articles of restraint imposed upon them ; or otherwise rendered their operation nugatory. The following statement also confirms our experience :—

“ ‘ A powerful man, at present in the Asylum, subject to periodical paroxysms of mania, as violent as (the narrator) ever met with, has directed him in the *best way effectually* to restrain him :’ however, ‘ he generally *contrives to liberate himself.*’ He also assured the same party that ‘ he could not, at these times, bear any one near him, it made him furious.’ Seclusion, or what is far preferable, mere removal into a separate room or airing court, appears to be all that such cases require :—that instrumental restraint is inadequate, the facility with which it may be removed, when *mildly* applied, abundantly proves ; and that it may become dangerous to the being for whose protection it is used, has been rendered equally manifest, by the evidence above quoted.

“ Those of our inmates, who possess any knowledge of *both sides* of the question, differ materially in opinion with those, who ‘ unhesitatingly prefer being restrained and left alone, to the terror and irritation of surveillance.’ An unfortunate hypochondriac, when labouring under the impression that he was possessed by the spirit of evil, who constantly urged him to attempt his own or the lives of others, earnestly besought the imposition of a waistcoat : this however, was refused, it being considered that compliance would corroborate the delusions and weaken his efforts to control their impulse. Under constant occupation and some medical aid, these erroneous ideas gradually gave way, but only to be replaced by others, though of a less melancholy character. He has long considered himself to be one of the elect, but that the privilege can only be preserved by his remaining contentedly in his present habitation. He is constantly singing and whistling whilst at work ; his case is incurable, but there are few men in existence more truly happy. A female, similarly affected, recovered under the same management, and no other instance has occurred in which the desire for restraint has been expressed.

“ Cases of the suicidal propensity have been extremely numerous, and some of them reputed to be of a very determined character, but open dormitories and constant employment, with supervision deprived of its offensive character by a participation in their various duties and amusements, have hitherto prevented the occurrence of any attempt at self-destruction in this Institution. Under this head, however, *specific* claims have been put forth in behalf of instrumental agency, as a protection against more insidious inroads on the vital powers ; but the

recorded and unrecorded opinions of the oldest and most experienced members of the profession, alike declare its utter inefficiency.

"In a majority of cases, patients evince the greatest alarm and apprehension of personal danger; the furious attacks they occasionally make on those around, are most frequently due to these feelings. They rave of conspiracies and plots against their freedom or safety, the treachery of their friends, and the malignity of their imaginary enemies. Attempts at coercion give a reality to these notions; its actual use substantiates them. They feel that they are irretrievably lost, or thrown, without the power of resistance, into the hands of those who hate and would destroy them.*

"The results of experience, and the authority of others, have alike produced the conviction, that every ascertained emergency in which restraint is resorted to, or in which it *effectually* subserves the end proposed, may be adequately encountered, by means more conducive to the patient's happiness and comfort, and equally so to the great object of all treatment;—his ultimate recovery."

1840, December.

Extract from The Lancet. No. 11, p. 377.

"If Bethlem, St. Luke, and several other large asylums, have remained stationary, or have retrograded, the Quakers' Asylum, some private establishments, the Scotch asylums, the Lincoln Asylum, and, latterly, Hanwell, have persevered, and have carried out the rational system to an extent which had not before been deemed possible. Mr. HILL and Dr. CHARLESWORTH first declared themselves the advocates of the '*non-restraint* system,' which appears destined to form an epoch in the treatment of the disease.

"The term '*non-restraint*,' we may remark, is not literally correct; for, when the system is most rigidly carried out, the patient is *confined* to the asylum, and in

* "S. T., when brought to the Asylum, was restrained by a strait-waistcoat: on examining his person, it was discovered to be literally black from bruises in every part excepting the face. His wrist and ankles were excoriated and ulcerated, by the pressure of ligatures, and the backs of his hands were much contused. He was extremely exhausted, having been insane six months; but, the moment an attendant appeared, he became excited, called upon us to turn him out of the room, and lock him up; attempted to effect this object himself, and begged of us *most piteously*, not to leave him alone with the keeper, as he was sure he should be '*murdered*.' This conduct being always repeated under similar circumstances, a convalescent private patient volunteered to take charge of him, and he has since been much more tranquil. Our hopes of his recovery, however, are slight; our fears of a fatal termination seem better grounded,—this need not and ought not to have been the case, had proper measures been resorted to earlier. But why was the presence of the attendant so hateful and terrible to him? Because the strait-waistcoat and the tying down in bed, had previously afforded an '*irritable, revengeful and selfish*' keeper the opportunity to multiply his physical sufferings, by blows, *which the coward would never have dared to inflict, had his victim possessed the power to retaliate!* Those who are practically acquainted with the doings of a Lunatic ward, must corroborate the assertion, *if they will but be sincere*, that the fatuous, imbecile, and dirty, are the usual victims of cruelty; *the strong never,—unless rendered equally helpless and unresisting, by coercion.*'"

many cases to his room. But this confinement is not felt like fetters ; it is less degrading, irritating, and exasperating than ligatures on the limbs. The restraint is little more severe than the voluntary confinement of servants to the house, or of workmen to their daily task. The violent, raving maniac has, however, necessarily to submit also to further restraint ; the keeper's arms are also called into action, and have to supply the place of the strait-waistcoat, straps, and chains. The only question that admits of controversy is, whether, when coercion of some kind is required, and applied by all parties, bands, instrumental restraint and mechanical advantages should be altogether discarded, and replaced by the force of the keeper's hands and arms ? Under which treatment does the patient suffer least, and has he the best chance of a speedy recovery, the exclusive 'keeper-restraint' system, or the mixed treatment, in which instrumental restraint is partially employed ? And, if it should turn out that the advantages are pretty equally balanced, or that they preponderate in favor of occasional mechanical restraint, are not the liabilities to the excessive application of instruments, adequate reasons for foregoing the use of an agent, that may be dispensed with, and is so likely to be abused by the keepers, at least in large asylums ?"

1841, January.

Extracts from the British and Foreign Medical Review. Millingen, Lehmann, Blanche, &c., on the Treatment of Lunatics : Restraint or Non-Restraint ? P. 110.

" There is something amusing, but not uncommon, in the history of recent attempts to mitigate the treatment of lunatics, by abolishing these personal restraints. First, it is sneered at as a thing impossible ; then it is reflected upon as not only visionary but dishonest—not merely speculative, but, by ingenious alliteration, speculative too ; then its perfect practicability is granted, but its humanity gravely denied. At length it is claimed as a virtue long practiced, and in each asylum the strait-waistcoat is disavowed, and the muff sacrificed to the public opinion ; these disappear, dive to the basement-story, not without inconsistent aspersions cast on those who have forced them to this exercise of virtue. In the mean time we trust, not too confidently, but still trust, that the abolition of cruel and useless methods of personal coercion, makes a steady and quiet progress ; reflecting on none save by contrast, and challenging none save by example.

" Those who have long floated, by the help of day and night restraints, in a sea of mad-house troubles, are likely to sink when such bladders are withdrawn. A troublesome patient brings them to their wit's end ! To discontinue common bonds and manacles calls for vigilance, for forethought, and all the ingenuity of preventive treatment, assisted by every practical means of diverting the mind from its haunting delusions. These things require reflection ; and, as reflection is more troublesome than the imposition of restraint, those unused to reflection will accord

no smile of favor to them ; yet the very victims of their indolence see what might be done. Even the author of the work [*] before us, on his restless delusive pillow, manacled hand and foot, and in a whole fortnight only once, and that by a rare accident and happy sally, obtaining water to drink ; even he, in a situation not favorable to tranquil meditation, could imagine, and, being recovered, can recollect what might have been better than all this.

“ On arriving at Bristol another doctor was introduced to him, [the Patient] who, as usual, ordered him *to bed*. ‘ I would have given my hand to remain up ; my bed was a scene of horrors to me. However, I made no reply, and to bed I went.’ Now, this is just the case to support the views of those who advocate the comfort of being strapped down in bed. What would you do ? say they ? Would you, instead of confining the patient by a gentle strap, have two strong men to sit by him and frighten him with their looks ? We would do neither ; neither have two stout servants instead of one, nor yet adopt the asserted milder scheme of strapping down the patient to his bed. What, then, *would* you do ? We should *let him sit up*. Upon what possible ground of reason would you, *we* would ask, force a poor creature into his bed, who would ‘ give his hand’ to remain up ? Where is the humanity you boast of, in thus confining him, by strap and chain, to a ‘ scene of horrors.’ Such treatment is opposed to the first principles of the curative art in relation to irritated minds. It is foolish, and hurtful, and cruel, but then it is convenient and it is economical. If the patient sits up, somebody must sit up to watch him ; an additional servant would be required. If you fasten him tightly in bed, the whole house may be at ease about him. He may toss and groan, indeed, and suffer fever and thirst and many horrors, but he ‘ can’t get out ;’ so the small and inefficient establishment will not be incommoded. Until the proprietors of private establishments have courage so to arrange their houses, as to enable them to adopt a proper classification of their patients, and to separate the violent from the moderately tranquil, and both from the tranquil and convalescent, these inconveniences must attach to them ; until the time comes when the public will bear them no longer.

“ A lunatic, whatever his rank, commonly requires twice as much attention as when he was sane. In a private lunatic house he is usually bereft of two-thirds of the attention, which he was accustomed to at home. It is quite visionary to talk of preserving this inattention, which is so cheap and convenient, without personal restraints. Tear up strait-waistcoats, take aching hands out of muffs, remove the nightly hand-cuff and the daily leg-lock, and there must be more servants, more attendants in every asylum, and of a different kind, not merely muscular, but with some intelligence ; persons less prone to punish than active to prevent ; less disposed to visit dancing with severity than to keep it within salutary

[* A Narrative of the Treatment experienced by a Gentleman, during a state of Mental Derangement ; designed to explain the Causes and the Nature of Insanity, and to expose the injudicious conduct pursued towards many unfortunate sufferers under that calamity. By JOHN PERCEVAL, Esq. 1838—1840.]

bounds ; governing, in short, less by the arms and the legs, and more by the brain. This will not be allowed without a struggle. It would be ruinous to the lunatic housekeeper ; the present system only ruins the patients.

" That the unfortunate author of this work was a most troublesome inmate we learn from his own pages ; and that, considering his great restlessness and activity, he was for the most part treated with consideration and forbearance. Yet the description he gives of his being fastened in a sort of restraint-chair [*] every day, with no amusement but to rub and flatten his nose against the wall ; and his account of the manner in which he was forced into the bath, and occasionally corrected for his strange fancies, sufficiently shew that the treatment was extremely defective. Medicine might be given, and proper food, but cheerful recreative exercise seems to have been much neglected, and the closest and most miserable form of complicated restraint, (sitting in a restraint-chair in a strait-waistcoat, and the feet fastened to the floor,) resorted to for a period, which no circumstances could render necessary, or even justify. He seems also to have worn the strait-waistcoat in bed, and to have had his hands strapped to the sides of the bedstead, and his feet fastened to the bottom of it. This is in fact, or was, an ordinary method of restraint in old institutions ; very convenient to keepers and nurses, but often utterly destructive to the patient. ' Fastened thus, lying on my back, I passed my wretched sleepless nights for nearly, if not quite, nine months ! ' We do not hesitate to state our belief that there never was a case which required this treatment : never was a case in which it would not be mischievous. ' I had not exercise enough during the day to procure sleep, but I lay exhausted, wearied, agonized, terrified in my spirits, hungering after rest, but unable to procure it.' Most true, and terrible, and instructive commentary ! No doubt the humane head of the establishment would have put an end to this, if he had not been misinformed.

" We are by many things convinced that an important era in the management of insanity is at hand. Pinel struck off the chains from all the lunatics in the Bicêtre, in the period of the French Revolution ; but the example was well-nigh lost. Tuke, with no less moral courage, established an institution at York, on principles of the purest humanity, and opposed to every prejudice then prevalent and powerful. Beams of accidental light then broke in on Bethlem ; and riveted fetters fell off—were even struck off by woman's hands, to be imposed no more. The occupation of lunatics in various works mentioned, and partly put in practice, by Pinel, adopted in Germany, and forcibly recommended by Tuke, was tried to a great extent at Wakefield, and subsequently at Hanwell by the late Sir William Ellis. A great diminution of restraints took place at Nottingham and in other

[* At page 118 of the Review, the following graphic picture of a Restraint-chair occurs. "Who would think that this elegant contrivance was a large deal watch-box, pierced as a close-stool, in and upon which the patient was placed in the morning to remain there till evening, secured in the chair by straps passed through holes in the back of the chair and locked ! Rows of these were once to be seen in most asylums."]

provincial asylums ; and their complete disuse was tried with success at Lincoln ; an experiment too important not to need the test of a larger institution, which test has been for fifteen months afforded at Hanwell, one of the largest and perhaps, taking it altogether, the finest establishments for the insane in the world.

" There are still, in many *English* Lunatic Asylums, miserable objects in cruel gyves and restraints, which have been worn *for years* ; and in some cases so long that no one survives in the asylum to tell the first occasion of them. These things, we acknowledge, exceed belief, but *we know them to be true*. In the mean time, every hour that passes, but much more every week, and every month, supports the humane experiment going on in Middlesex ; and we trust that the great Creator, whose sun rises and sets on Hanwell, will permit it still for many years to rise and set on a house undisturbed by any accident, which may be converted into an apology for a revival of cruelty." P. 117.

UNITED STATES, VIRGINIA.

1841, January.

Extract from the Annual Report of the Court of Directors of the Western Lunatic Asylum.

" It is one of the distinguishing features of the system of reform, which has so happily been introduced into our modern asylums—the substitution of moral means, for those cruel and revolting restraints and punishments to which the insane were formerly subjected ; and the results are that, instead of having them chained down to the floors of their grated cells, exhibiting the fury and wretchedness of demons, they are soothed and subdued, and brought to mingle in order and harmony with each other, and to participate in a good degree, in the business, amusements, and pleasures of social life. These results the court of directors, are highly gratified to say, are all attained in this institution under the management of our humane and intelligent physician, *Dr. Stribling*, whose skill and devotion to his duties entitle him to the warm thanks of the directory, and the just appreciation of the commonwealth. Under this system, almost every thing that was formerly so forbidding in a lunatic hospital, is made to disappear, and its gloomy, prison-like aspect, is changed for the cheeriness and comfort of a private dwelling."



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Swan, Mr. R. Lincoln	21	0	0	Willson, Rev. J.....	31	0
Ditto, for a Lady	10	0	0	Winchilsea, Earl of, Haverholme		
Swan, Mr. Joseph London	5	0	0	Priory	25	0
Thornton, Mr. Samuel	21	0	0	Winn, Mr. Thomas Lincoln	21	0
Thorold, Mr. Cuxwold	21	0	0	Wood, Mrs..... Bath	21	0
Thynne, the Right Hon. and Rev.				Wood, Mr. Ald. T. London	5	0
Lord John	25	0	0	Worsley, Rt. Hon. Lord, M.P.		
Turnor, Mrs. Stoke House	10	0	0	Manby	21	0
Turner, Mr. John	20	0	0	Wright, Mr. Brattleby House	41	0
Twigge, Rev. F. F. S. Kelsey	10	10	0	Wright, Miss ... Brattleby House	21	0
Two Ladies, in aid of the improvements in progress	5	0	0	Wright, Rev. W. Healing	25	15
Vyner, Mr. V.P. Gautby House	100	0	0	Wyles, Mr. Little Ponton	10	0
Watkins, Rev. H. Rector of Wal-				*Yarborough, Right Hon. Earl,		
tham	5	5	0	PRESIDENT Brocklesby	300	0

BENEFACTORS DECEASED, UNKNOWN, PUBLIC BODIES, &c.

	£.	s.	d.	£.	s.	d.	
Ainsley, Sir R. Bart. Torrington	5	5	0	Bromhead, Colonel Lincoln	10	10	0
Allenby, Mr. Charles, Horncastle	10	10	0	Bromhead, Mrs. John ... Lincoln	10	0	0
Amcotts, Lady Harrington	20	0	0	Bromhead, Col. John ... Lincoln	10	10	0
Ancaster, Duke of, Grimsthorpe	100	0	0	Bromhead, Mrs. B. Lincoln	25	0	0
"Anonymous," by the Rev. C.				Brown, Mr. Hezekiah ... Lincoln	21	0	0
Nevile	2	10	0	Brown, Rev. Broxholm, Lincoln	5	5	0
Barnard, Mr. Samuel....Boston	21	0	0	Brown, Rev. T. Leadenham	21	0	0
Bartholomew, Mr. T. Langton	5	5	0	Brownlow, Earl Belton	100	0	0
"Benefactor," by C.	5	5	0	Buckinghamshire, Earl of.....	40	0	0
Bernard, Sir T. Bart.....London	21	0	0	Buckworth, Mesdames, Stamford	50	0	0
Berridge, Rev. B. B....Algarkirk	26	5	0	Burcham, Mr. Coningsby	21	0	0
Birch, Colonel Thorpe Hall	10	10	0	Burton, Mr. Robert Lincoln	101	0	0
Bosville, Rev. T. Rector of Heap-				Caparn, Rev. J. Boston	5	5	0
ham	21	0	0	Carter, Rev. J. Lincoln	5	5	0
Bower, Mr. Anthony ... Lincoln	5	0	0	Cawthorne, Mr. J. F....Lancaster	10	0	0
Brackenbury, Mr. C. Scremby	15	0	0	Chaplin, Mr. Blankney	100	0	0
Brackenbury, Mrs. E. Lincoln	5	0	0	Charlesworth, Rev. J....Ossington	5	5	0
Brackenbury, Mr. R. C. Raithby	20	0	0	Cheales, Mr. Benjamin, Sleaford	25	0	0
Brand, Rev. Mr. Sigglethorpe	10	10	0	Cholmeley, Sir M. Bart...Easton	21	0	0
Brittain, Mr.....Sleaford	5	5	0	Cholmeley, Lady...Norton Place	5	0	0
Broadbent, Rev. Mr....Billinghay	5	5	0	Cholmeley, Miss.....Oxford	5	0	0
Broadley, Mrs. Blyborough	21	0	0	Coltman, Mr. ...Hagnaby House	100	0	0
Bromhead, Mrs. B. Lincoln	25	0	0	Coltman, Rev. J.....Beverley	10	10	0
Bromhead, Rev. E. Repham	25	0	0	Colton, M.....Lincoln	21	0	0

	£.	s.	d.		£.	s.	d.
Conington, Mr. Horncastle	15	0	0	Hutton, Mr. Lincoln	21	0	0
Cookson, Dr. Lincoln	21	0	0	Illingworth, Rev. Dr. Scampton	5	5	0
Cracroft, Rev. B. Rippingale	7	7	0	Jepson, Mr. Ald. Lincoln	5	5	0
Crane, Dr. from the friends of the late Dr. Knolton.... Boston	23	13	0	Johnson, Rev. Dr. Spalding	10	10	0
Curtois, Rev. P. H.... Branston	10	10	0	Kent, Lady Kingston	10	10	0
Dalton, Mr. Knaith House	26	5	0	Kent, Mr. Alderman.... Lincoln	10	10	0
Darwin, Mr. Sleaford	5	0	0	Kent, Mr. Robert London	10	10	0
Deacon, Rev. J. R.... Waddington	21	0	0	Kent, Mr. Thomas Westoby	20	0	0
Deacon, Miss S.... Waddington	15	0	0	Kipling, Dr. the Very Rev. the Dean of Peterborough	100	0	0
Drake, Mr. T. D. Tyrwhit	50	0	0	Lady unknown	50	0	0
Drake, Mrs. Lincoln	5	0	0	Lady unknown, by R.	10	0	0
Durance, Rev. W.... Lincoln	5	5	0	Lambe, Mr. Auburn	5	0	0
Eardley, Lord	105	0	0	Lawrence, Mr. J. Grantham	5	5	0
Ellis, Rev. Dr. Leadenham	10	10	0	Lawrence, Miss	5	5	0
Ellis, Rev. J. Branston	13	10	0	Laycock, Rev. Tillotson, Lincoln	5	2	0
Ellison, Mr. Lincoln	10	10	0	Lincoln, Right Rev. George Tomline, Lord Bishop of ...	50	0	0
Ellison, Lieut.-Col. ... Sudbrook	50	0	0	Lincoln, Dean and Chapter of, 1807, viz.—			
Elsdale, Rev. Samuel ... Moulton	18	11	0	Late Rev. Sir R. Kaye, Bt.			
Ditto, on account of three Editions of Poems	52	10	0	Late Rev. Archd. Pretyman,			
Emeris, Rev. J. Louth	10	10	0	Late Rev. Archd. Wharton,			
Fairfax, Mr. J. ... Newton Kyme	15	15	0	Rev. Archd. Bayley, <i>D.D.</i>			
Farr, Mr. T. Beckingham	5	5	0	Lincoln Cathedral, Senior Vicars			
Featherby, Mr. Ald. R.... Lincoln	23	2	0	of, 1807	10	10	0
Ditto, for Convictions, &c.	11	13	6	Ditto, ditto, Organist and Lay Vicars of, 1807	5	5	0
Flowers, Rev. F.... Boston	5	0	0	Lincoln, Corporation of, 1807 ...	100	0	0
Forsyth, Mr. T.... Empringham	21	0	0	Lindsey, Earl of.....Uffington	50	0	0
Fosters, Messrs..... Lincoln	5	0	0	Lister, Mr. Girsby House	25	0	0
Fothergill, Rev. J.... Gainsbro'	5	5	0	Litchford, Rev. J. R. Boothby	20	0	0
Fowler, Mrs. M. D. Lincoln	10	10	0	Littlehales, Rev. V. P.	10	10	0
Fowler, Rev. R. Warboys, Hunts	5	5	0	Loft, Mr. Louth	21	0	0
Fowler, Mr. Ald. Robt.... Lincoln	21	0	0	Maddison, Mr. J. Bath	21	0	0
Fretwell, Rev. J. Raithby	5	5	0	Maddison, Rev. G.	5	5	0
"Friend to the afflicted"	5	5	0	Magistrates of the neighbourhood of Alford, by Dr. Cookson...	10	0	0
Goulton, Mr. Thomas ... Walcot	50	0	0	Manby, Mr. John.....Beads Hall	52	0	0
Graburn, Mr. M. Nelson, Barton	10	10	0	Mangles, Mrs.	50	0	0
Graburn, Mr. William ... Barton	10	10	0	Manners, Right Hon. Lady Robt.	21	0	0
Grant, Mr. William..... Oxcomb	5	0	0	Manners, General Bloxham	10	0	0
Green, Mr. John Welbourne	10	10	0	Manners, Mr. George...Bloxham	225	0	0
Gwydir, Lord Grimsthorpe	105	0	0	Massey, Mr. Spalding	10	10	0
Handley, Mr. Benjamin, Sleaford	21	0	0	Massingberd, Mr. Ormsby	50	0	0
Hare, Captain John Lincoln	10	10	0	Massingberd, Rev. F. Washingbro'	10	10	0
Hawling, Mr. T. Horncastle	5	0	0	Massingberd, Mrs. C. ... Lincoln	5	5	0
Hayward, Mr. Ald. W.... Lincoln	5	0	0	Middleton, Right Rev. Dr. Bishop of Calcutta	5	0	0
Hayward, Mr. Ald. C. ... Lincoln	21	0	0	Millson, Mrs. Lincoln	21	0	0
Heneage, Mr. Hainton Hall	21	0	0	Milnes, Mr. Aisthorpe	10	0	0
Henson, Mr. Robert Bainton	10	5	0	Monson, Lord Burton	100	0	0
Herbert, Rev. Dr..... Lincoln	18	16	0	Monson, Dowager Lady E.	10	10	0
Hett, Mr..... Lincoln	10	10	0	Monson, Colonel, the Hon. Wm.	30	0	0
Hett, Dr. R. Hobart.... Lincoln	21	0	0	Moody, Mr. Robert Lincoln	5	0	0
Hickson, Mrs. Lincoln	5	0	0	Moore, Mr. G..... Canwick	5	0	0
Hickson, Miss Lincoln	5	0	0	Morgan, Miss..... Grantham	10	0	0
Hickson, Miss Ann Lincoln	5	0	0	Myers, Rev. J..... Swineshead	5	5	0
Hird, Mr. S. Nettleham	5	0	0	Nelthorpe, Mr. John..... Lincoln	10	10	0
Horner, Mr. James B. ... Lincoln	5	0	0				
Hume, Sir Abraham, Bart.	21	0	0				
Hutton, Mr. Gate Burton	20	0	0				
Hutton, Rev. Dr. Sutterton	20	0	0				

		£.	s.	d.		£.	s.	d.
Nelthorpe, Lady	Lincoln	10	10	0	St. Albans, Her Grace the Duchess			
Newton, Mrs. Houlton		5	0	0	of	Redbourn	21	0
Orme, Rev. Dr.	Louth	5	0	0	Straw, Mr. Alderman ...	Lincoln	5	5
Otter, Mr. Francis	Stainton	21	0	0	Sutton, Rev. R.	Broughton	10	10
Otter, Mr. Henry	Wath	25	0	0	Swan, Mr. Alderman ...	Lincoln	21	0
Ditto, penalty from an offender...		7	0	0	Swan, Mr. John	Ollerton	51	0
Otter, Miss	Ranby House	25	0	0	Swan, Mr. Ald. Henry...Lincoln		5	0
Overton, Mr. Titus ...	Horncliffe	5	5	0	Sykes, Mr. Daniel	Raywell	20	0
Parkinson, Mr. R.....	Repham	5	5	0	Taylor, Mrs.	Lincoln	21	0
Parnell, Mr. G.	Gainsbro'	10	10	0	Taylor, Rev. Mr. ...	Spridlington	8	8
Partridge, Rev. S.	Boston	5	5	0	Tennyson, Mr. ...	Bayon's Manor	21	0
Peacock, Mr. Anthony ...	Kyme	21	0	0	Terrewest, Mr.	Lincoln	10	0
Peacock, Mr. T. A.....	Kyme	10	10	0	Tesh, Mr.	Lincoln	7	7
Peacock and Co. Sleaford, for a					Thirkill, Mr. Francis	Boston	21	0
Gentleman unknown		50	0	0	Thirkill, Mr.	Boston	21	0
Pelham, Hon. George		21	0	0	Thorpe, Mr. Anthony	York	10	0
Pell, Mr. Paul	Tupholme	5	5	0	Thorold, Mrs.	Torquay	10	10
Peterborough, Rt. Rev. Spencer					Timberland, Mr. T.....	Lincoln	5	0
Madan, Lord Bishop of		10	10	0	Tunnard, Mr. ...Frampton House		21	0
Pollock, Mrs.....	Lincoln	5	5	0	Turnell, Mr. Thomas.....	Reasby	5	5
Porter, Mr. Alderman ...	Lincoln	10	10	0	Turner, Mr.	Caistor	5	5
Preston, Mr. Alderman...Lincoln		10	10	0	Turner, Rev. S.....	Caistor	5	5
Preston, Mr. Thomas ...	Lincoln	21	0	0	Turnor, Mr. Edmund	Stoke	100	0
Proprietors of the late Lincoln					Turnor, Rev. G.	Wragby	10	10
Chronicle		5	5	0	Uppleby, Mr. for a Gentleman			
Rasdall, Mr. J.....	Louth	5	0	0	unknown	Wootton	40	0
Rawlins, Rev. J.	Carlton	5	5	0	Wallis, Mr. George	York	105	0
Reynardson, Mr. J.....	Holywell	21	0	0	Walls, Rev. E.	Spilsby	21	0
Robertson, Mr. produce of 2 plays		36	6	6	Wayett, Rev. Dr.....	Pinchbeck	11	11
Rockliffe, Mrs.	Horncliffe	21	0	0	Welby, Mr. Earle.....	London	10	10
Rogerson, Mr. William ...	Boston	21	0	0	Westmoreland, Mr. ...Billingbro'		10	10
Ruth, a tribute of gratitude ...		10	10	0	Wetherall, Mr. J.	Gainsbro'	10	10
Saunders, Rev. C.	Stamford	5	0	0	Whichcote, Sir T. Bt. Aswardby		100	0
Saunders, Mr. S.	Morton	21	0	0	Wilkinson, Mr.....	Kyme	5	5
Schuts, Rev. W. Burton Coggles		5	5	0	Williams, Mrs.	Lincoln	5	5
Sedgwick, Mrs.....	Lincoln	50	0	0	Willis, Dr.	Gretford	500	0
Shaw, Mr. Thomas.....	Burton	10	10	0	Willis, Rev. Dr.	Gretford	55	0
Shepherd, Rev. Mr.		5	5	0	Willis, Dr. John	Gretford	20	0
Sibthorp, Colonel H. ...	Canwick	52	0	0	Wilson, Mrs.	Lincoln	10	10
Sibthorp, Colonel Coningsby W.		50	0	0	Wilson, Mr. W. R.	Lincoln	10	10
Smith, Mr. Tyrwhit	Lincoln	21	0	0	Wilson, Dr.	Grantham	10	10
Smith, Mr. John.....	Gainsbro'	20	0	0	W. H.		5	5
Smith, Mr. Samuel	London	50	0	0	Wollaston, Rev. J. H. ...	Scotter	10	15
Snow, Rev. M.		10	10	0	Wray, Lady	Summer Castle	55	0
Stonehewer, Mr. Richard		21	0	0	Yarborough, Right Hon. Lord...	100	0	0

LEGACIES.

		£.	s.	d.		£.	s.	d.
Benet, Mrs. Ann.....	Lincoln	50	0	0	Shaw, Thomas Burton, Esq. ...	450	0	0
Cartwright, Mr.	Ingham	90	0	0	Simpson, Mr.	Ingleby	10	0
Coltman, T. Esq.	Hagnaby	449	8	3	Smith, Miss Ann		49	0
Maltby, William, Esq. ...	Coates	450	0	0	Thorold, Sir J. Bart.....	Syston	90	0
Massingberd, Mrs.	Lincoln	50	0	0	Westland, Mr. John	Boston	101	6
Oxspring, Mr. John ...	Lincoln	450	0	0	Williams, Mrs.	Lincoln	10	0
Parnell, Mr. Paul	Lincoln	100	0	0	Willson, Mr. R.....	Willingham	10	0
Reeve, Mrs.	Leadenham	45	0	0	Willson, Mr. Robert, Nettleham,			
Savage, Mr. Pool	Lincoln	90	0	0	by Mr. J. L. Fytche, Louth		100	0

STATE OF THE PATIENTS.

Number of the Patients Admitted, and of those Discharged from the Books,

From Jan. 1, 1840, to Dec. 31, 1840.

	M.	F.	Tot.
Remained Jan. 1, 1840 ...	58	51	109
Admitted in 1840.....	11	16	27
Re-admitted in 1840	3	3	6
Discharged in 1840	22	24	46
Remained Dec. 31, 1840...	50	46	96

From April 26, 1820, to Dec. 31, 1840.

	M.	F.	Tot.
Admitted	364	298	662
Re-admitted cases	71	73	144
Discharged	385	325	710
Remaining Dec. 31, 1840	50	46	96

State of the Patients when Discharged from the Books,

From Jan. 1, 1840, to Dec. 31, 1840.

As Recovered	10
Improved	1
Removed during treatment	18
Improper object	0
By order of the Board	1
Escaped	0
Dead	16

From April 26, 1820, to Dec. 31, 1840.

As Recovered	320
Improved	76
Removed during treatment	143
Improper objects	2
By order of the Board	18
Escaped	7
Dead	144

*Re-admissions.**Of the 662 Patients admitted, have been Re-admitted.*

74 Patients 1 time each	74 cases.
17 2 times each	34
2 4	8
4 5	20
1 8	8
—	—
98 Patients	144 cases.
—	—

Of the 320 Patients discharged as recovered, have been Re-admitted.

38 Patients 1 time each	38 cases.
6 2 times each	12
2 3	6
2 5	10
1 7	7
—	—
49 Patients	73 cases.
—	—

Of whom 4 have died and 5 remain in the Asylum.

Causes of the Deaths in 1840.

Apoplexy	2	Diseased Bowels	2	Gradual Exhaustion ...	5
Consumption	1	Epilepsy	1	Typhus Fever	2
Diseased Brain.....	2	Paralysis.....	1		

Causes of the Deaths from April 20th, 1820, to Decembeer 31st, 1840.

Abscess in the Brain ...	1	Dying when admitted...	7	Maniacal Exhaustion ...	6
Apoplexy	12	Erysipelas	1	Old Age	8
Catalepsy	1	Epilepsy	11	Paralysis	3
Cholera Morbus	1	Fever	3	Psoas Abscess	3
Consumption	7	Found dead in bed ...	2	Suicide.....	7
Diarrhoea	4	Gradual Exhaustion ...	33	Tabes	5
Diseased Brain.....	4	Inflamed Brain	1	Typhus Fever	6
— Heart.....	1	— Lungs	2	Ulcerated Bowels.....	4
— Liver	1	— Parotid Gland	1	Water in the Head	1
Dropsey	7	Loeked Jaw	1		

Periods of Decease after Admission.

Between 1—7 days	Days 7—14	Weeks 2—4	Months 1—3	Months 3—6	Months 6—12	Years 1—2	Years 2—3	Years 3—16	Total.
5	8	8	17	17	25	24	13	27	144

Ages at the time of Decease.

Betw. 20	20—30	30—40	40—50	50—60	60—70	70 & upw	unknown	Total.
1	14	33	31	25	19	12	9	144

LATEST WEEKLY RETURN OF THE STATE OF THE PATIENTS.

From Dec. 21 to Dec. 28, 1840.	M.	F.	Totals.
<i>Number of Patients in the House.</i>	49	45	94
<i>First Rank.</i>	3	2	5
<i>Second Rank.</i>	4	3	7
<i>Third Rank.</i>	42	40	82
<i>Maintained by their Friends</i>	18	15	33
<i>Maintained by the Public.</i>	31	30	61
<i>Less than 1 year since the 1st attack.</i>	4	5	9
<i>From 1 to 2 years since the 1st attack.</i>	6	4	10
<i>More than 2 years since the 1st attack.</i>	39	36	75
<i>Less than 1 year since admission.</i>	5	6	11
<i>From 1 to 2 years since admission.</i>	6	9	15
<i>From 2 to 17 years since admission.</i>	27	20	47
<i>Re-admitted cases not included in the above.</i>	11	10	21
<i>Not expected to recover.</i>	40	35	75
<i>Expected to recover.</i>	9	10	19
<i>Convalescent.</i>	0	0	0
<i>Employed in the last week.*</i>	15	23	31
<i>Attended Evening Prayers.</i>	22	15	37
<i>Attended Chapel on Sunday.</i>	22	15	37
<i>Cases of Idiotcy.</i>	2	0	2
<i>Cases of Epilepsy.</i>	6	4	10
<i>Cases of Paralysis.</i>	0	2	2
<i>Cases of Imbecility</i>	12	15	27
<i>Insensible to calls of nature</i>	4	6	10
<i>Refuse food.</i>	0	0	0
<i>Dangerous to themselves.</i>	13	9	22
<i>Dangerous to others occasionally</i>	20	23	43
<i>Disposed to destroy Clothing, &c.</i>	12	15	27
<i>Under Night Watch.</i>	24	24	48
<i>Under Seclusion last Week.</i>	1	1	2
<i>Under any Day Restraint last week.</i>	0	0	0
<i>Under any Night Restraint last week.</i>	0	0	0
<i>Sick.</i>	1	1	2
<i>Under Surgical treatment.</i>	2	1	3
<i>Died.</i>	0	0	0

* Males.—Cleaning Wards, &c. 5
Gardening, Pumping Water, &c. 6
In the Wash-house, Mangle-room, Kitchen, &c. 4
Females.—Knitting, Needlework, Cleaning Wards, &c. 12
In the Laundry, Kitchen, and Store-room 11

*Recoveries in the Lincoln Lunatic Asylum, from the commencement, as affected by the Duration of
the Complaint before Admission or Re-admission.*

Periods of Recovery.	Admitted within 3 months of the 1st attack.	Admitted between 3 & 12 mo. of the 1st attack.	Admitted between 1 & 2 years of the 1st attack.	Admitted, the period of being upwards of 2 years.	Admitted, having had previous attacks.	Admitted, the period of attack not known.	Admitted, Idiots.	Totals.
201.	130.	46.	46.	139.	262.	24.	4.	806.
Discharged within 3 months after admission.	75	13	2	3	58	0	0	151
— between 3 and 6 months after admission.	42	8	3	3	34	0	0	90
— between 6 and 12 months after admission.	14	6	4	3	29	0	0	56
— between 1 and 2 years after admission.	1	5	0	1	4	0	0	11
— between 2 and 3 years after admission.	1	2	0	0	1	0	0	4
— after 3 years.	1	0	1	3	3	0	0	8
Totals.	134	34	10	13	129	0	0	320

*Results of the Cases placed on the Books in 1840, as found on March 31st, 1841, following,
shewing the current Practice of the House.*

Duration of Attack previous to Admission.		State when Admitted.		State when Discharged from the Books.		Remained March 31, 1841.		
		Expected to Recover.	Not Expected to Recover.	Recovered	Removed during Treatment.	Dead.	Expected to Recover.	Not Expected to Recover.
Admitted within 3 Months after the 1st Attack.		11	3	0	4	2	2	2
Admitted between 3 and 12 Months after the 1st Attack.		2	2	0	0	2	0	1
Admitted between 1 and 2 Years after the 1st Attack.		2	1	0	1	0	0	1
Admitted, the period after Attack being upwards of 2 years.		1	0	0	0	0	0	0
Admitted, having had previous Attacks.		6	2	0	1	3	0	2
Totals.		22	8	0	6	9	2	6

DISBURSEMENTS,

From January 1st, 1840, to December 31st, 1840.

	£.	s.	d.	£.	s.	d.	£.	s.	d.	£.	s.	d.	
Balance brought forward	2663	18	3				Brought forward	5010	19	10½			
Housc Surgeon ...	109	9	8	Candles	717	lbs.	21	10	7				
Matron	40	0	0	Coal ...233 tons	187	2	11						
Secretary	74	0	0	Firewood.....	7	19	8						
Surveyor	10	2	6	Mops, Brushes...	16	1	4						
Porter	20	8	6	Oil for Lamps...	7	8	8						
Occasional Gard- ener	22	15	3	Soap...1428 lbs.	34	3	0						
6 Male Attendants	131	4	5½	Starch, Blue ...	3	17	3½						
*Substitutes (chief- ly in sickness)..	34	12	0	Straw	21	6	9						
6 Female Attend- ants	61	7	10¼	Sundries	29	17.	1	329	7	3½			
*Substitutes (chief- ly in sickness)..	29	16	2										
Night Watching the Patients ...	53	8	8	Escape of Pa- tients	6	1	0						
5 Female Servants	63	13	4	Medicine	34	2	10						
Charwomen, in- cluding * Sub- stitutes in sick- ness	34	10	4	Newspaper, Pe- riodicals,	3	7	1						
Sick Nursing ...	17	8	0	Printing, Adver- tising	33	12	8						
Gratuity to North Lodge Keeper	5	0	0	Stationery, Post- age	7	0	7	84	4	2			
Beermoney for the household	68	16	7	Cooprage	2	16	1						
Bread, 52,858 lbs.	386	0	0	Earthenware, Glass	11	18	0						
Butter...1511 lbs.	75	4	8	Furniture.....	20	6	8						
Cheese ...974 lbs.	29	5	11	House Linen ...	45	7	11						
Coffee ...167 lbs.	16	13	4	Ironmongery ...	92	0	2	172	8	10			
Eggs ...No. 2990	9	7	0	Basses & eovering	15	12	0						
Fish	0	5	0	Repair of Fire Engine	14	13	6	30	5	6			
Flour .....187 st.	26	8	7	Leading	13	7	6						
Meat...24,290 lbs.	599	5	10	Joiner	178	10	9						
Milk...6710 gallons.	195	12	6	Mason	62	12	4						
Oatmeal ...20 st.	2	11	6	Painter.....	34	11	9						
Peas	0	4	0	Plumber, Glazier	67	1	3						
Plums, Currants,	4	13	9	Slater	21	18	8						
Porter	1	1	11	Smith	124	7	2	502	9	5			
Potatoes 1650 pks	43	10	8										
Poultry	0	16	5	Surveyor, per centage, since 1837.....				160	0	0			
Rice .....361 lbs.	4	0	6	Insurance (2 years)				16	10	0			
Salt, Pepper	8	6	5	Interest on debt				100	10	8			
Sugar ...2018 lbs.	62	0	11½	Patients' Clothing				347	14	1			
Tea .....315 lbs.	83	2	7	Patients' Advances returned on discharge				186	10	2½			
Vegetables.....	17	4	9										
Wine	4	12	0	£5010	19	10½		£6941	0	0½			

* These charges have arisen in consequence of a Low Fever, confined principally to the Attendants and Servants.

RECEIPTS,

From January 1st, 1840, to December 31st, 1840.

	£.	s.	d.
Cash from Patients, including payments in advance and for Clothing...	3383	9	5
Annual Subscriptions	120	4	0
Benefactions	216	6	0
Legacies	60	0	0
By sale of Building Materials	23	8	0
Old Bricks	4	2	9
Grease	7	6	0½
Bones	2	8	3
Swill	3	15	0
Rags	1	15	11
Found in the Charity Box	3	19	9
Cash returned from the late Surveyor, being amount advanced to him in 1833, 1834	50	0	0
Ditto returned from ditto, being balance of advancees in 1838	22	6	1
Loan on security of the Title Deeds	2000	0	0
Balance	1041	18	10
	<hr/>		
	£6941	0	0½

STATE OF DEBTS AND CREDITS,

January 1st, 1841.

DEBTS.	£.	s.	d.
Patients' Advances in hand	360	8	5
Due to the Bank	3043	2	6

CREDITS.

Due from Patients	14	5	6½
Advanced to the House-Surgeon in 1830	20	0	0
Matron in 1831, 1832	30	0	0
Cash in the hands of the Secretary	1	3	8

Number of each Rank of the Patients admitted in 1840.

First Rank... 3 M. 2 F. | Second Rank... 4 M. 5 F. | Third Rank... 7 M. 12 F.

Average Number of Patients and Household in 1840.

Patients..... 104 | Household..... 23

Average Consumption of Bread and Meat.

Average Consumption of Bread, per head, per day 18 oz.

Average Consumption of Meat, per head, per day,
as uncooked and including bone $8\frac{1}{4}$ oz.

*Charged to the Patients for Board, Lodging, and Attendants, in 1840, £2857 10 6½
viz. 1st Rank, £445 16 0 | 2nd Rank, £299 11 11 | 3rd Rank, £2112 2 7½*

Charged to the Patients for Board, Lodging, and Attendants.

From the Opening of the Institution in March, 1820, to December 31st, 1840.

1st Rank ...	1 Patient at £2 12 6 per week, £	6	7	6
4	2 2 0	204	9	0
2	1 11 6	59	3	6
2	1 5 0	47	6	7
64	1 1 0	4510	16	1, £4828 2 8

2nd Rank ...102 0 15 0 3242 5 0 3242 5 0

3rd Rank ...	1	0 16	0	4 13	9
	23	0 12	0	453	0 4
	201	0 10	0	5319	0 4
	288	0 9	0	10741	5 $8\frac{1}{2}$
	148	0 8	0	4814	14 $2\frac{1}{2}$
					21,332 14 4

£29,403 2 0

Variations in the rates of payment by some of the same Patients, will account for the apparent excess of Patients in some of the above Tables, beyond the real number.

Principal Provisions, &c., purchased for the Asylum,

	1838.				1839.				1840.			
		£.	s.	d.		£.	s.	d.		£.	s.	d.
Bread	lbs. 46,440	300	2	11	50,220	408	18	8	52,858	386	0	0
Butter	lbs. 1,088	54	6	4	1,264	62	19	10	1,511	75	4	8
Candles	lbs. 580	16	4	9	688	21	16	11	717	21	10	7
Cheese	lbs. 316*	9	7	11	823	25	13	6	974	29	5	11
Coal	tons. 183	152	13	9	144	122	5	9	233	187	2	11
Coffee	lbs. 41	4	2	0	72	7	4	6	167	16	13	4
Flour	sts. 128	16	12	8	142	22	13	4	187	26	8	7
Meat.....	lbs. 21,756	486	5	4	23,370	557	6	3	24,290	599	5	10
Milk	galls. 3,826	115	11	0	5,477†	154	18	9	6,710	195	12	6
Oatmeal	sts. 137	15	6	2	159	7	17	4	292	2	11	6
Oil	galls. 40	8	8	2	57	9	17	6	44	7	8	9
Potatos	pks. 2,044	46	3	2	3,444§	105	10	7	1,650	43	10	8
Rice.....	lbs. 336	4	18	0	313	5	4	8	361	4	0	6
Soap	lbs. 973	22	8	11	1,302	34	9	10	1,428	34	3	0
Straw.....		15	12	1		28	18	6		21	6	9
Sugar	lbs. 1,738	47	3	4	1,824	53	3	3	2,011	62	0	11½
Tea	lbs. 282	71	0	3	311	78	3	0	315	83	2	7
Vegetables.....		10	8	7		6	4	10		17	4	9

Daily average number of Persons maintained.

	1838.				1839.				1840.			
Patients	94	.....	.....	.....	107	.....	.....	.....	104	.....	.....	.....
Household.....	18	.....	.....	.....	20	.....	.....	.....	23	.....	.....	.....
Totals	112	.....	.....	.....	127	.....	.....	.....	127	.....	.....	.....

Daily average Consumption of Bread and Meat, per head.

	1838.				1839.				1840.			
Bread	oz. 18	.....	.....	.....	oz. 17¾	.....	.....	.....	oz. 18	.....	.....	.....
Meat.....	oz. 8½	.....	.....	.....	oz. 8	.....	.....	.....	oz. 8¼	.....	.....	.....

Weekly average Loss on Bread and Meat, as shewn on taking Stock weekly.

	1838.				1839.				1840.			
Bread	lbs. 1 oz. 10	.....	.....	.....	lbs. 0 oz. 1¾	.....	.....	.....	lbs. 1 oz. 1	.....	.....	.....
Meat.....	lbs. 4 oz. 12	.....	.....	.....	lbs. 4 oz. 4	.....	.....	.....	lbs. 4 oz. 4	.....	.....	.....

Number of Patients admitted.

	1838.				1839.				1840.			
Self-supported Patients..	32	.....	.....	.....	28	.....	.....	.....	22	.....	.....	.....
Parochial Patients	42	.....	.....	.....	30	.....	.....	.....	11	.....	.....	.....

Amount received from Patients.

	1838.				1839.				1840.			
Self-supported Patients	£984 5 1	.....	.....	.....	£1252 8 6	.....	.....	.....	£1170 16 6½	.....	.....	.....
Parochial Patients	£1411 1 2	.....	.....	.....	£1543 12 10	.....	.....	.....	£1686 14 0	.....	.....	.....

* Meat was substituted for Cheese in the diet of the Household, from April 9, 1838.

† Milk was substituted for Gruel in the diet of the Patients, from May 6, 1839.

‡ 1100 Pecks of Potatoes were purchased in December, 1839, in store for the following year.

